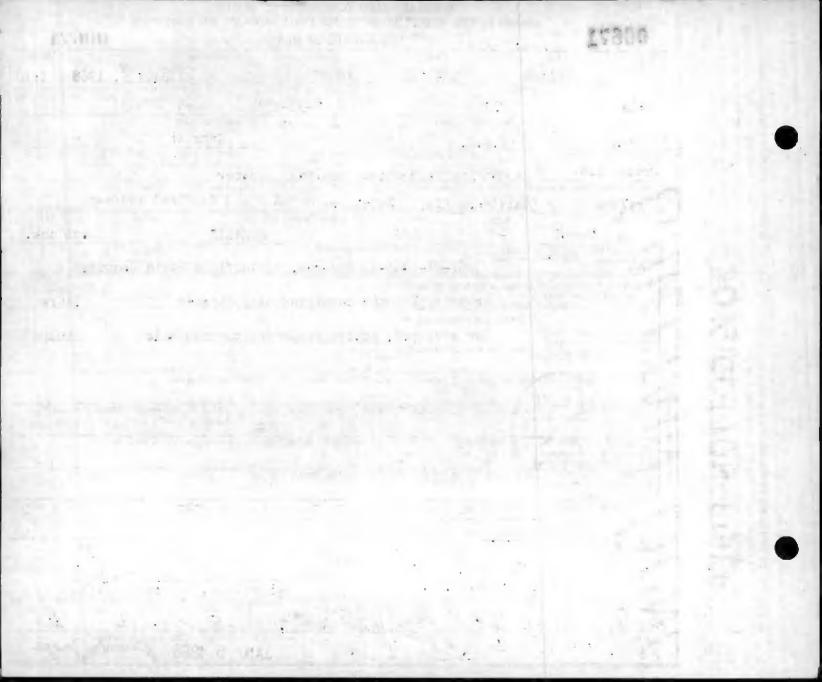
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0.06271

0000		ENTIFICATE OF DEATI		UUUA	
1. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	B V-	2b. HOUR
(Type or print) WILLI	AM CHARLES	ADAMS	JA NUARY	5. 1968	1:10
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years		F UNDER 24 HR
Male	White	7-31-18	94 (73	YRS. MONTHS DAYS	HOURS MI
	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
country) Maryland	U.S.A.	WIDOWED DIVORCED	Carroll		
10. CITY OR TOWN OF DEATH Sykesville	11. NAME OF HOSPITAL OR INS give street oddress) Springfield S	during	ISUAL OCCUPATION (Kind of work dig most of working life, even if retire aborer	one 12b. KIND OF BU INDUSTRY	ISINESS OR
13o. USUAL RESIDENCE (Where deceose odmission) STATE Mary Land	d lived, if institution: Residence before 13b. COUNTY Baltimore City	Baltimore 13d. WISDE CO	NO No fixed a		
14, FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM	E First Midd		Lost
FRAN K	- ADAMS	5	ROSALIE -	(Last	unk.)
160. WAS DECEASED EVER IN U.S. ARM	er or dates of carries)		Addre		
Yes, no, or unknown) (If yes give we	707-01-906	61-A Records, Sp	ringfield State	Hospital	
18. CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), and (c).)			APPROXIMAT BETWEEN ONSE	
PART I. DEATH WAS CAUSED	BY: Arterioscles	rotic cardiovascu	lar disease	Yea	rs
4127	DUE TO, OR AS A CONSEQUENCE OF				_
Conditions, if ony, which gove	(b) Far advanced	d. active pulmona	ry tuberculosis	Mon	ths ·
rise to immediate couse (o), (stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF			1	S.A.
last.	(d)				
PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(o)		
8 4221			Leal of VES CORE STUDIO	una columna un con	
RIFIGA	ONDITION FOR WHICH OPERATION WAS PER	YES NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?		IFYING
S GR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year er) P.M. 19		inter noture of injury in Port 1 or Po	rt 2, Item 1B.)	
While Not while	OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D.		County	Stote
22a. I certify that (I) (this saw the deceased at	s haspital) attended the decease tve on 1-5-68 I , (I) (we) (did) (did nat) view the b	d fram O-1(-0(,)) 9, and that in (my) (aur)	9, ta_ <u>L=5=50</u> apinian death accurred an th	, 19, that (I ne date and havr on	d from
22b. SIGNATURE	, (1) (we) (ala) (ala hal) view ine i	Judy difer deam.		22c. DATE/SIGNED /	1 10
Da Chi La	wini gla	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1/5/	68
or, Good o			Minoria ald Stota	Hospital	
22d. PHYSICIAN'S NAME (Type) Antoni	us Glahn, M. D.	Syk	ringfield State esville, Marylan	a 21784	
22d. PHYSICIAN'S NAME (Type) Antoni 23o. BURIAL (REMATION, REMOVAL (Spp. ify)		CEMETERY OR CREMAJORY	23d. LOCATION (GITY OF TOWN)	1d 21784	(Stote)



00672

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00672

1. DECEASED-NAME (Type or print)	First		Middle	D	Lost		2a. DATE O		Doy 68 Year	2b. HOUR
	An	nie	Laurie		aumann					19:00 N
3. SEX		4. RACE			S. DATE OF E			6. AGE (In years last birthday).	MONTHS GAT	
female			nite		9/18				RS.	
o. BIRTHPLACE (Sto		7b. CITIZEN OF WI		8. MARRIED	NEVER MA	RRIED	9. COUNTY O	F DEATH		
Geor	rgia	USA	A	WIDOWED [DIVO	ORCED	Carr	oll		Mo
O. CITY OR TOWN	OF DEATH		AME OF HOSPITAL OR INS	TITUTION (If no	it in hospital			(Kind of work do		OF BUSINESS OR
duralSy	kesvill.	Spi	street oddress) cingfield (State F	lospit	al during m	ost of working	life, even if retires	d.) INDUSTRY	
13a. USUAL RESIDEN	ICE (Where deceo	sed lived, if institut	ion: Residence before	13 CITY OR	TOWN	13d. INSIDE CITY LI	IMITS? 13e. S	TREET AND NUMBER		
admission) STATE	Md.	13b. COUNTY	Montgomery	Chevy	Chase	YES NO	0□ 4730	Bradley	Bouleva	ird
14. FATHER'S NAME	First	Middle	Last	15.	MOTHER'S N	IAIDEN NAME F	irst	Middle	· · · · · · · · · · · · · · · · · · ·	Last
	Henry	?	Gollar				?	?		?
16a. WAS DECEASED	EVER IN U.S. ARA		16b. SOCIAL SECURITY N	10. 17. 11	FORMANT			Address	5	
Yes, no, or unkno	(If yes give v	var or dates of service)	578-118-07	7)19 Spi	ringfi	eld Hos	spital	records,	Svkesvi	lle. Md.
		du ess cours ser li	ne for (a), (b), and (c).)						APPR	OXIMATE INTERVAL
	DEATH WAS CAUSE	D 8Y:			-L P-3	7				N ONSET AND OEATH
412	1MMEDI/	ATE CAUSE (a)	Congesti	ve neal	rt 1a1	Ture			da	na na
Candidan II	J		S A CONSEQUENCE OF							
	ony, which gave) diote couse (o), [(b)	rterioscle	rotic	cardi	ovascu.	lar dis	ease	ye	ars
stating the u	nderlying couse	DUE TO, OR A	AS A CONSEQUENCE OF							
last. 42		(c)								
			TING TO DEATH BUT NO					4-1		
Chroni	le brain	syndrome	with seni	ile bra	ain di	sease w				
190. DATE OF O	PERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20o. AUT	OPSY?		F YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
E					YES [NO 📆	CAUSE	S OF DEATH?		
	WAS UNDERLYIN	40 1 mm - 1 111 1 mm - mm		21c HO	W INJURY O	CURRED (Enter	r nature of inju	ury in Part I ar Part	2, Item 18.)	-
	ing Cause of oth fy medical exami		Manth Day Year							
- Zig. mjori t	OCCURRED 216.		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Stre	et ar R.F.D. Na.	. City	ar Town	County	Stote
While No	***************************************									
22g Learti	ify that the (th	is hasnital) atta	ended the decease	d from	6/28	1 19 6	oo to	1/11/	1968 th	at (X) (wa) las
saw t	ne deceased a	live an	1/11/	968 and	that in to	wigger) api	inian death	accurred an the	date and hav	ur and from the
couse	s stated above	e,址) (we) (did)	(diddoot) view the l	oady after d	leath.	173 7 1				
22b. SIGNATUR	E /	4	h C	,	ATTEMP	INC N	AFD.	CYAFF 2	22c. DATE SIGNED	
-	1 u	wald	12 201	DEGRI	EE PHYS.		AED. DIRECTOR	STAFF PHYS.	1/11/6	8
22d. PHYSICIA					22e. AD	DRESS ST	pringfi	eld State	e Hospit	al
NAME (Ty	rpe) Ren	ato R. Es	spina, M.	D.		Si	vkesvi	le. Mary	land	
230. BURIAL, CREMA		DATE	23c. NAME OF	CEMETERY OR	CREMATORY			ON (City or Town)	(County)	(State)
REMOVAL (Spe	cifed	-15-68	Deda	r Hill	L Cem	etery		tland,		
24. FUNERAL DIREC	TOR	-1,7-00	ADDRESS			~	Y REGISTRAR	2Sb. REGISTRA	AR'S SIGNATURE	
ROBERT		MPHREY.	Bethesda	a. Mar	rvlan				lianles &	lucar.
					- J -massa	TUALL	- 0	1000		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funetal discretar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages/Lond School be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death Page 4 may be retained by the hospital ar attending physician.

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death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

Page 4 may be retained by the haspital or attending physician.

the Tunera

MARYLAND STATE DEPARTMENT OF HEALTH

00673	DIAI210	N OF VITAL RECORDS,		CATE OF		IIMORE, MAR	YLAND 21201	0063	
1. DECEASED-NAME (Type or print)	First CHARLES	Middle HOYTE		Lost BAYTU	P	20. DATE OF	DEATH Month Doy TANIIARY	Yeor 196	2b. HOURA 8. 3:20 M
3. SEX Male	4. RACE	Negro		3-3-0			6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MAN.
7o. BIRTHPLACE (Stole o country) Virgi		U.S.A.	8. MARRIEI WIDOWEI	NEVER MA	RRIED X	9. COUNTY OF Carrol			Md
10. CITY OR TOWN OF D Sykesvill	е	11. NAME OF HOSPITAL OR IN give street oddress) Springfield	State	Hospi			(Kind of work done ife, even if retired.) T	12b. KIND OF INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (* odmission) STATE Maryla	where deceased lived, if nd 13b (0	institution: Residence before	1	or town timore	136, INSIDE CITY I	1 2 2 2 2 1 1	eet and number `ixed addr	ess	
14. FATHER'S NAME	harles	iddle Lost Bayt	up	15. MOTHER'S N		^{First} narlot te	Middle	(Un	k.)
Yes, no, or unknown)	R IN U.S. ARMED FORCES (If yes give wor ar dates of se		NO. 17	Record	s, Spr	ingfield	Address State Ho		MATE INTERVAL
Conditions, if ony, nise to immediate stating the under lost.	which gove a couse (o). DUE T	o) Chronic rhe o, or as a consequence of b) o, or as a consequence of (c)		c (mitr	al val	ve) hear	rt disease	Year	`8
PART 2. OTHER SIGNATURE OF OPERA		INTRIBUTING TO DEATH BUT N		2Do. AUT	OPSY?	2Db. IF	IN PART 1(0) YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN CI	ERTIFYING
210. ACCIDENT WA	CAUSE OF OEATH HOU HOU HOUSE OF J. 21e. PLACE OF J.	TIME OF INJURY R. A.M. Month Doy Yeor P.M. I NJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	9		CURRED (Ente		y in Port 1 or Port 2, or Town	County	Stote
22a. I certify	that (I) (this haspite deceased olive an	al) attended the decease 1-19-8	ed from_ 19, a body afte	r death.		, to <u>l –</u> inion death o		, that ite and haur	(I) (we) las and fram the
22d. PHYSICIAN'S NAME (Type)	Agustin de	al Campe		GREE PHYS. 22e. AD	DRESS Spi	-		1-25-68 ospital	l.

Svkesvi

DATE AN 3 0 1968

2Sb.

21784

(Stote)

(County)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundred director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages Lanshauld be filed with the State Dept. of Health priar to burial, cramatian, ar removal, and in any event, within 72 hours after ded

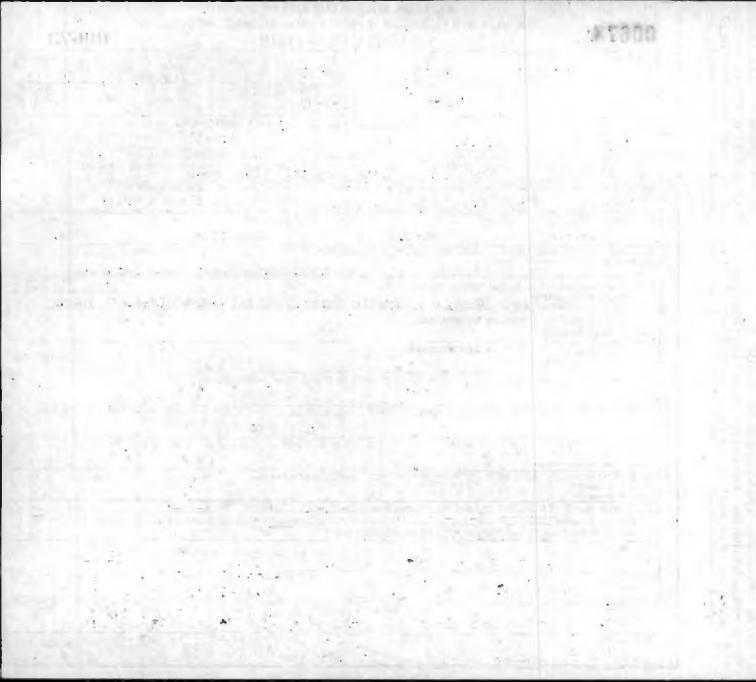
24, FUNERAL DIRECTOR VR A15 (4)

230. BURIAL CREMATION, REMOVAC (Specify)

Agustin del Campa

ADDRESS

L. W.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

							4
E	RT	IF.	ICA	TE	OF	DE	ATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The Libw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

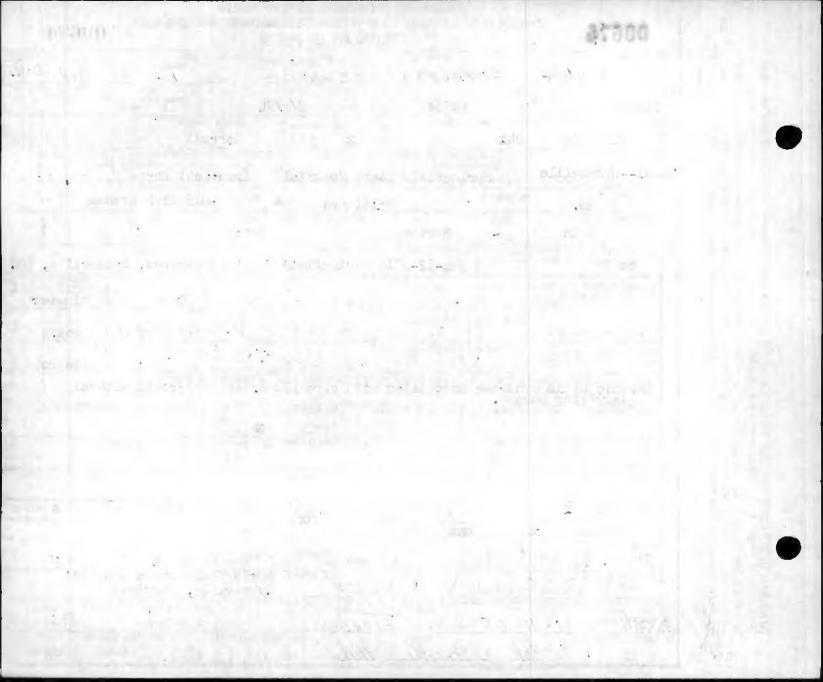
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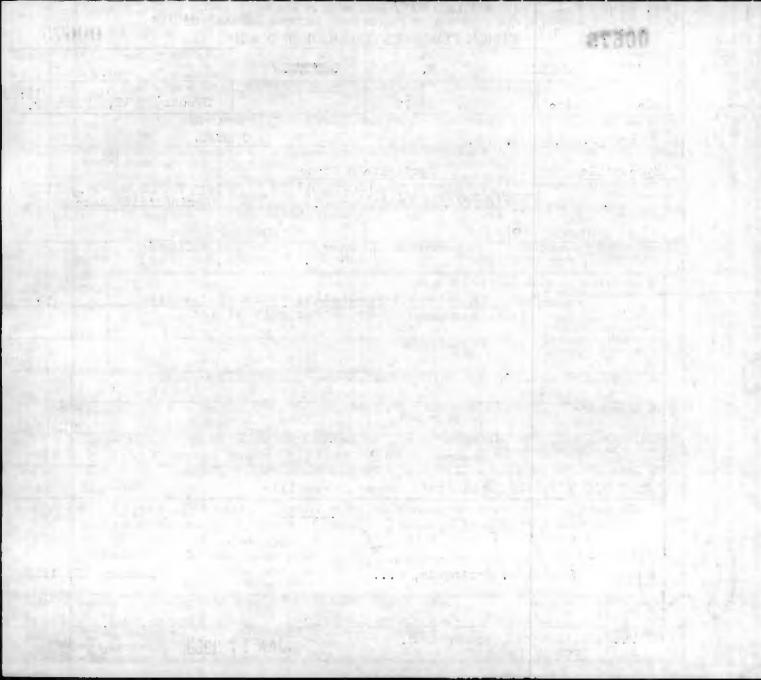
3

00074	CE	RTIFICATE OF DEATH		006'74
1. DECEASED-NAME (Type or print) Pauline	Middle Elizabeth	BEZVODA	Ro. DATE OF DEATH Month Day	Year 1968 10:46
3. SEX female	4 RACE white	S. DATE OF BIRTH 2/4/94	a. Nos (m jours	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
country) Virginia	USA	MIDOWED MEYER MARKIED DIVORCED	COUNTY OF DEATH Carroll	Мс
admission) STATE	d lived, if institution: Residence before 13	State Hospital P C CITY OR TOWN 136. INSIDE CITY LIMITS		12b. KIND OF BUSINESS OR INDUSTRY
Md. 14. FATHER'S NAME First John	Middle Lost - Horton	Baltimore YES NO NAME First 1S. MOTHER'S MAIDEN NAME First Nam	Middle	lost ?
16a. WAS DECEASED EVER IN U.S. ARMI Yes, na, ocupknawn) (If yes give wa		17. INFORMANT Springfield Hosp	Address ital Records, Sy	
PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).) BY: TE CAUSE (a) W 4 0 C	rdial Infa	relign	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	oscleritie 1	feat Occase	- years
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	Es well	4'tua	years
PART 2. OTHER SIGNIFICANT.CONI Chronic brain qualifying p	DITIONS CONTRIBUTING TO DEATH BUT NOT I SYNOTOME ASSOCIATED DITASE.	RELATED TO THE TERMINAL DISEASE OR COM	orion given in part 1(a) eriosclerosis wi	thout
19a. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PERFO	PRMED 200. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Enter no	ture of injury in Port 1 or Port 2, Ite	em 18.)
21d. INJURY OCCURRED 21e. I While At work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR'S OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (X) (this	s haspital) attended the deceased ive an 1/9/196 \$79 (we) (did) (\$1\$75\$) view the back	from 8/27/, 19 65 8, and that in (484) (aur) apinio dy after death.	n death accurred on the date	58_, that (\$ (we) lase and haur and fram the
Bracif V	Petrigo	DEGREE ATTENDING MED.	TOR STAFF PHYS.	ATE/SIGNED/68
22d. PHYSICIAN'S PA	cito V. PAT	Picio Syke	ngfield State Ho sville, Maryland	1
230. BURIAL, CREMATION, REMOVAL (Specify)	11-68 New 1	Freedom	3d. LOCATION (City or Town) Sykesuille	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS '	2So. REC'D BY R	EGISTRÁR 25b. REGISTRÁR'S S	O FI

DATE

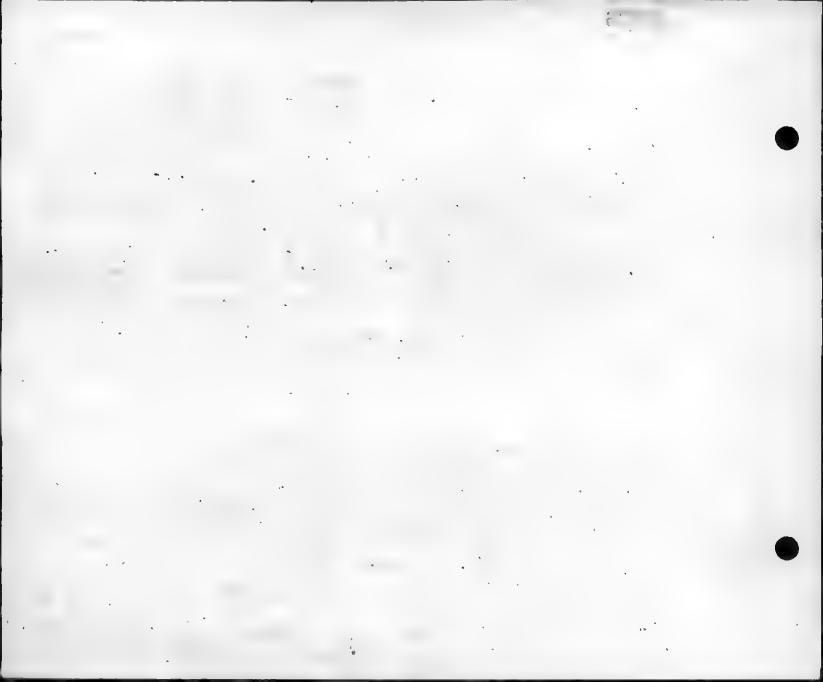


1	Ite 1- I	ms 18-22 film 23-68 mt DIVISION cem 23 Film G39	396 MARY	LAND STATE DEL DS, 301 W. PREST	PARTMENT OF HEADN STREET, BALTIMO	ALTH- ORE, MARYLAND 21201/28	% Film 63/68 kk 000	1398 275
FOR STATE	_	00070	-MEDICAL		CERTIFICATE OF	DEATH		
HEALTH DERT.		CEASED-NAME First ype or Print) GEOF	RGE	Middle R.	BOTZLE	R 20. DATE KNOWNED OF ESTI- DEATH MATED	Month Doy 12 Ye Jan. 1/3	
and 3 y	3. SI	X 4 RACE White	S. DATE OF BIRTH	6. AGE (In year last birthday)		UNDER 24 HRS. 2c. DATE PRONOUNC		68 P. M
ss 1, 2,		RIHPLACE (State or foreign in I timore, Md.	U.S.A.	DUNTRY? 8. A	MARRIED NEVER MARRIED			Md.
we Pages g with for the State	10. 0	TY OR TOWN OF DEATH Sykesville	11. NAME C	oddress)Springf	ON (If not in hospitol	12a. USUAL OCCUPATION (Kind of valueing most of working life, even in none		OF BUSINESS OR
afte 8. Gi alan with	130.	USUAL RESIDENCE (Where decease mission) STATE	ad lived, if institution	Residence before 13c Cl	T OK TOWN 138. IRSI	OF CITY LIMITS? 132 STREET AND NE	Miderry St., f1é1d/Státé	, 21205
	14. F	ATHER'S NAME First George	Middle Botzler	Lost	15. MOTHER'S MAIDEN A	NAME First N ances Mack	Middle	Lost
I within 24 in pencil in Examiner's File pages in 72 hours		WAS DECEASED EVER IN U.S. ARMED F es, no, or unknown) (If yes give v	ORCES? var or dates of service)	SOCIAL SECURITY NO.		iendship Ciana otzler, brothe		22
shauld be executed wit e ward "pending" in pe i the Chief Medical Exar urial-transit permit. Eile in any event within 72		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove)	BY: TE CAUSE (o) Sept	icemia com	plicating b	ourns of buttoo	RETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
This certificate should be executed cate, writing the ward "pending" is be farwarded to the Chief Medical be used as a burial-transit permit.		rise to immediate couse (a), stating the underlying couse lost.	(t)	CONSEQUENCE OF	D TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1/o	2)	
te, writing farwardec farwardec re used as	ATION	190. DATE OF OPERATION		CONDITION FOR WHICH C	PERATION	<u> </u>	20. AL	?Y29OTU
TO 0	L CERTIFICATION	210. EXTERNAL CAUSE WAS	21 b. TIME OF INJUR	WAS PERFORMED? Y Month, Doy, Yeor		ED (Enter noture of injury in Port 1		S NO 🗆
EXAMINER: TI cute the certifica age 4 should be your files. Page 3 shmuld I, cremation, ar	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M.	1-6 19 68 me, form, street, State Hos	Scalded 21f.LOCATION Street or R.F p Sykesvil	by hot water D. No. Gity or Town	County	State Md
bical Expense execute irector. Page ained for your IRECTOR: Page to buriel, cr		22a. I certify that I to		mains described obc	Suicide , Ho		Inquiry, and	
O DEPUTY CICAL EX necessary, please execut the funeral director. Pag 5 may be retained for y 0 FUNERAL DIRECTOR: Pubealth prior to burial,		EXAMINER'S Charl NAME (Type)	les S. Spri	ingate, M.D	M.D. ASSISTAN	T MEDICAL EXAMINER MEDICAL EXAMINER (Street, city, town, or county)	22b. DATE SIGNED January 15	, 1968_
OD E S OF		EMPRAL DIRECTOR Fun	DATE /15/68 eral Home	236 NAME OF CEMETE Oak Lawn e, Inc.	Cemetery 250.	23d. LOCATION (City or To Baltimor RECD BY REGISTRAR 25b. I JAN 17 1968		(Stote)
10M REV. 1/68	_	3331 Brehm	s Lane		DAN	VAL 1 1000		0



MARYLAND STATE DEPARTMENT OF HEALTH

30M REV. 1/68



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	OOCHON
FOR STATE		MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	006'7'7
HEALTH DEPT		ECEASED NAME First Middle Last 20. DATE KNOWN Manth	Day Year 2b HOUR
() EV	2 7	EX 14 RACE S DATE OF BIRTH 16 AGE (In years 17 UNDER 14 HRS 12 DATE PRONOUNCED DEAD	77 1968 ; M
ny delay 1, 2, ond 3 mm PM3 Po	3 5	Male White Oct. 7, 1905 62 months DAYS HOURS MUR Month 2007 Months DAYS HOURS MUR Month 2007 Month DAYS HOURS MUR Month 2007 Month DAYS HOURS MUR MONTH 2007 MONTH DAYS MUR MONTH 2007 MONTH DAYS MUR MONTH 2007 MONTH DAYS MUR MUR MONTH DAYS MUR	Yeor 1968 20 M
2,7		BIRTHPLACE (Stote or foreign 75 CFT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	/
form form te D	cont	Maryland U.S.A. WIDOWED DIVORCED Carroll,	Mo
Pages Vith for	10.		126 KIND OF BUSINESS OR INDUSTRY
we f		Mt. Alry R.D. 4 Trucker	INDUS KI
hours ofter deoth Item 18. Give Pages 1, Office along with form Iond 2 with the State De	13a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN Mt. Airy 13d. MSIDE CITY LIMITS? 3e. STREET AND NUMBER Mt. Airy YES NO E R. D. 4	
hours office ond 2 v			
hours Office Office after	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last 1
hin 24 ncil in niner's pages hours	160		Baker
within pencil xamine ile pag		(es. ng. grunkngwn) (ff ves aver war ar datas al service)	1
wi Exar Exar File	⊨		inster Md.
be executed with "pending" in pen hief Med.cal Exam ansit permit. File perent within 72 l		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
e execute pending" ef Medical sit permit. vent withi		, IMMEDIATE CAUSE (a) CALLED CONTROL C	
be e. "pen nief A ansit	1	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave 3	
d b Ghi : Y e y		rise to "mmediate course (a) (b)	
s certificate should be executed within 24 s, writing the word "pending" in penal in forworded to the Chief Medical Examiner's used as a burial-transit permit. File pages emovel, and in any event within 72 hours		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te sh the d to d bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
its certificate the writing the forworded to be used as a bremovel, and	_	4200	
ertificat writing worded sed as lovel, a	I N	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his certificate, writing to forwor be used by remove	GERTIFICATION	WAS PERFORMED?	YES NO ST
d b		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW NURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	em 18)
NER: The should be should be should be should be should be should be strong atton, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P M 19	
3 3 4 8 5	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R F D. Na C ty or Tawn	Caunty State
		WHILE NOT WHILE factory, affice building, etc)	
ICAL E) e executor. Paged for Paged for Page For		220. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 💢, Inquiry 🗀	ond in my opinion
Ed to be but		deoth resulted from Notural couses M., Accident, Suicide, Homicide, Undetermined monner	
eose Irrec Toin to		CHIEF MED CAL EXAMINER	
		SIGNATURE OLIVE DEROLLES MO ASSISTANT MED CAL EXAMINER 22b. DATE:	SIGNED C
PUTY Sory, unera y be V be IERA		EVAMINED'S DEPUTY MEDICAL EXAMINER	1-43-03
o DEPUTY necessory, pl the funeral of S may be re O FUNERAL I Health prior		NAME (Type) / W. Glenn Speicher ADJRES 19 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Miller Vilence
5 5 ± ~ 5 ± -	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County)
×		Burial 1/31/1968 Bethesda Cemetery Nr. Gist Carro	oll Co., Md
VR A15ME (5)	4 "	FUNERA, DIRECTOR ADDRESS ADDRESS 250. RECU BY REGISTRAR 250 REGULARAS ANDRESS ADDRESS A	GRATURY MAST
DA REV 1/68	Ľ	M. Waltz, Box 241, Sykesville, Md. DATE JAN 3 1 1988	0



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within N2 hourse.

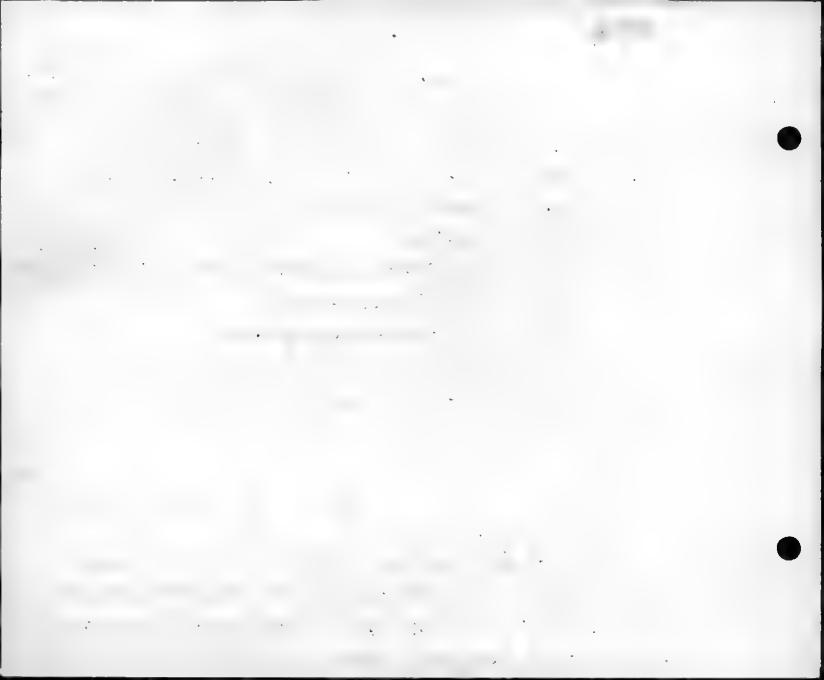
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

10 HOSPITAL OR ATTENDING PHYSICIAN; The law requires the Poge 4 may be retained by the hospitol or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00010	CERTIFI	CATE OF DEATH		006'	78
1. DECEASED-NAME First (Type or print)	M.ddle	_ /	20. DATE OF DEATH	Doy Yeor	25. HOUR
(Type of pilling) WALTER	RAYMOND	BYERS	JAN.	17 68	10:401
A. RACE	WHITE	S DATE OF BIRTH	6. AGE (In year last birthday)		IF JINDER 24 HRS HOURS MIN
* *		FEB.1, 189	4 73	YRS.	
BIRTHPLACE (Stote or foreign 7b CITIZEN untry)		NEACK MYKKIETI	COUNTY OF DEATH	0.0	
CARROLL COMP.	1. S.A - WIDOWEI		CARROLL	CO.	
CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (Higive street oddress)	not in hospital 120 USUAE O	OCCUPAT ON (Kind of work of work ng life, even if ret BORT	done 12b KIND OF ired) INDUSTRY	BUSINESS OR
30. USUAL RESIDENCE (Where deceased lived, if i	CARROLL G. GL	OR TOWN 13d. INSIDE CITY LIMITS	BORT R	VSAW M	124
idmission) STATE 13b COU	NTO a cold C. h.E.	TOWN TOWN YES NO Z		EK /	
11144 1277110	Idle Lost	IS, MOTHER'S MAIDEN NAME First	Mid	Idle	Lost
7. TATOLKS HARE THIS	RUERC	MA	1	YINGLI.	
160. WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO 17	INFORMANT		TESS 70PENNI	
Yes, no, or unknown) (Il yes give war or dates at serv	215-20-8617A /	MOR POPPALL F.		ESTMINST	
18. CAUSE OF DEATH (Enter only one couse		MSZEHARBULL A	112/61.5 //	APPROXI	MATE INTERVAL
PART I. DEATH WAS CAUSED BY:	1	lumele		BEIMIN O	NSET AND DEATH
IMMEDIATE CAUSE (o)	, OR AS A CONSEQUENCE OF				
Conditions, if ony, which gove	, or 23 x constituting of	my employee			
nse to immediate couse (a), DUE TO	, OR AS A CONSEQUENCE OF	0			· · · · ·
lost.)				
PART 2. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)		
z - 3 / i	Lenna				
196. DATE OF OPERATION 196. CONDITION FO	OR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN C	RTIFYING
		YES NO			
		HOW INJURY OCCURRED (Enter no	iture of injury in Port 1 or F	Port 2, Item 18.)	
(If either, notify medical examiner)	P.M. 19				
21d. INJURY OCCURRED 21e. PLACE OF IN. While Not while	JURY (AT HOME, FARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D. No	City or Town	County	Stole
of work of work	\	One //. 10/10	to Gora 17	10 c of thest	(1) () (
22a. I certify that (I) (this haspital saw the deceased alive an acauses stated above, (I) (we)	dtrenaed the deceased fram.	nd that in (my) (our) opinio	on death occurred an t	he date and hour	(i) (we) i and from t
causes stated above, (I) (we)	(did)(did nat) view the body afte	r death.			
22b. SIGNATURE	1	LETT HENDE ALED	STAFF -	22c. DATE SIGNED	
John S. C	faishing w. D. DE	GREE PHYS LT DIREC	TOR L PHYS. L	1/17/68	
22d. PHYSICIAN S NAME (Type) JOHN S.	HARSHEY MI	22e. ADDRESS	+ 1.10 Just	- Land	1
	23c NAME OF CEMETERY		3d, LOCATION (City or Town		(Stote)
230 BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 1/20			- 1/	n) (County)	(Store)
24 FUNERAL DIRECTOR	ADDRESS	2So. RECD BY R	RURAY NFC	STRAE 5 SIGNAJURE	1115
J.S. marenos & 1	retriente y		2 2 1968	Charles yo	idges



00670

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00013			1	CERTIF	ICATE OF	DEATH				0.0	68	()	
1. DECEASED-NAME	First		Middle		Lost		2o. D	ATE OF				2b	HOUR,
(Type ar print)	RETHA		HELEN		CAUFFMAN			Month Do		20.	196	8 8:	30 A
3. SEX		4 RACE			5 DATE OF BI	RTH			6. AGE (In years	1F JNDER		IF UNDER	24 HRS.
Female		Whit	e		4-27-	-06			last birthday) VRS.	MONTHS	DAYS	HOURS	MIN,
7a BIRTHPLACE (State or	foreign	7b. CITIZEN OF WI	AT COUNTRY?	B. MARRI	ED 🔲 NEVER MAR	RIED	9. COU	NTY OF	DEATH				
West Vir	ginia	U.S.A	١.	WIDOW		RCED 🔲	C	arro	11				Me
10. CITY OR TOWN OF DE	ATH	[11. N	AME OF HOSPITAL OR IN	STITUTION	(If not in haspital	12a USI			(Kad af work dane			BUSINES!	OR
Sykesville		give S	street address) Pringfield	Stat	te Hospit	tail	nost of w Un	orking I K	ife, even if retired.)	INDU	ISTRY		
I3a USUAL RESIDENCE (V admission) STATE Mary Land	Vhere deceas	ed lived, if institut	ion: Residence before		or town gerstown	13d. INSIDE CITY YES X			eet and number Nottingha	m Rd	l.		
14. FATHER'S NAME	First	Middle	Lost		1s. MOTHER'S MA	AIDEN NAME	First		Middle			Lost	
A	sa	L.	Smit	h		E	liza	beth	1		Sh	earr	4
16a, WAS DECEASED EVER		AED FORCES? var or dates of service)	16b. SOCIAL SECURITY	NO.	7 INFORMANT				Address				
Yes, no. or unknown)	(11 Jaz diae s	or or draws or service)	219-12-09	70	Records.	Spri	ncfi	eld	State Hos	nita	1		
IB. CAUSE OF DEA	TH (Enter on	ly one couse per la	ne for (o), (b), and (c)	.)								MATE INTER	
PART I. DEATH	WAS CAUSEI	D BY: ATE CAUSE (a)	Coronary (occlu	sion					m	inu	tes	
1, 4	1	. ,	AS A CONSEQUENCE OF										
Conditions, if any, isse to immediate		(b)	Arteriosc		ic heart	dise	ase		<u> </u>	-			

Diabetes Mellitus (uncontrolled)

las1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) CBS assoc. with alcohol intoxication, with psychotic reaction

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES 🗔 NO X 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) PM

Antonius

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)

City or Town

County State

21d. INJURY OCCURRED While Not while at work

19a, DATE OF OPERATION

saw the deceased alive an.

22a. I certify that (1) (this hospital) attended the deceased fram. causes stated abave, (1) (we) (did) (did nat) view the bady after death.

and that in (my) (aur) apinion death occurred an the date and haur and from the

PHYS.

ATTENDING

MED. DIRECTOR

22c DATE SIGNED 1-23-68 STAFF PHYS 22e. ADDRESS Springfield State Hospital

Maryland

23a	BJ	RIAL	_CR	EM/	ATION.
1					rifyl

22b SIGNATURE

PHYSICIAN'S

NAME (Type)

23b. DATE -24

"lahn,

21e. PLACE OF INJURY

NAME OF CEMETERY OR CREMATOR INAI, BD.

V. oF Md

23d. LOCATION (City or Tawn)

(County) (State) MO

FUNERAL DIRECTOR

ADDRESS

5 1968

Sykesville,

25b. REGISTRAR'S SIGNATURE

217.84

VR AL 30M REV.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been

3 should be detached far use as the

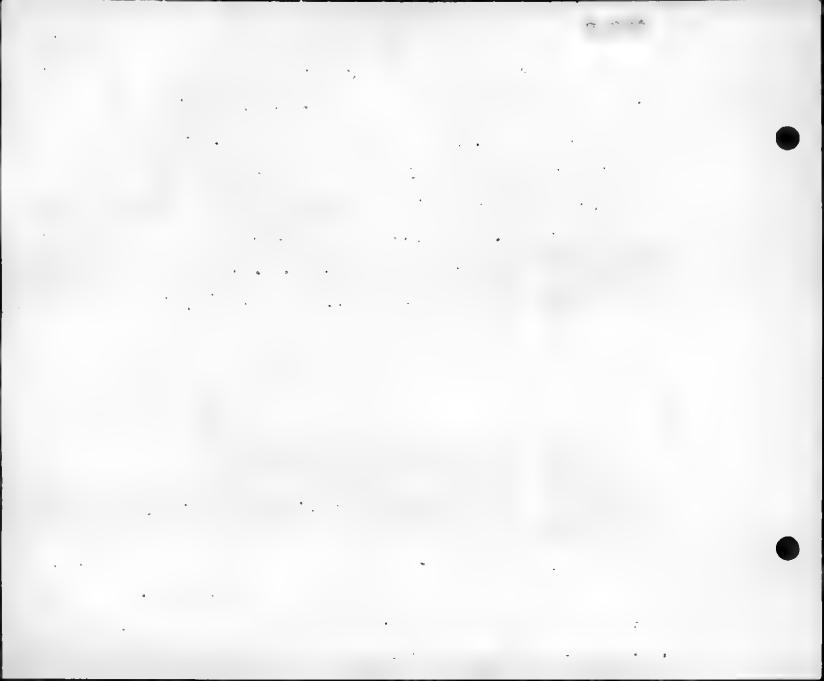
director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. • Ebould be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hau

CERTIFICATION

signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carbon papers.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00680 CERTIFICATE OF DEATH 00681 DECEASED-NAME 2a. DATE OF DEATH First (Type or print) בי דוווודיינ signed by the attending physician and campletely filled in by the furbusial-transit permit. Then please remave carban papers. Pages I burial, cremation, ar removal, and in any event, within 72 haurs after 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX that the death certificate be executed within 24 haurs after (yest-birthday) 7 310 Cot. 87 · WTA 9. COUNTY OF DEATH 75 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Carroll DIVORCED | WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Route 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Grafton Naomi Condor Cookerly 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) (If yes give wor or dotes of service) 12-38-0020 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while of work 22a | certify that (i) (this haspital) attended the deceosed from 222 (from 19 to 144 (from 19 to 144 (from 19 to 19 to 144 (from 19 to 19 director, page 3 should should 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) New Windsor. 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Spec.fy) -Ebenezer Cemetery Carroll. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Rowroll, Sulmerillo, 17.

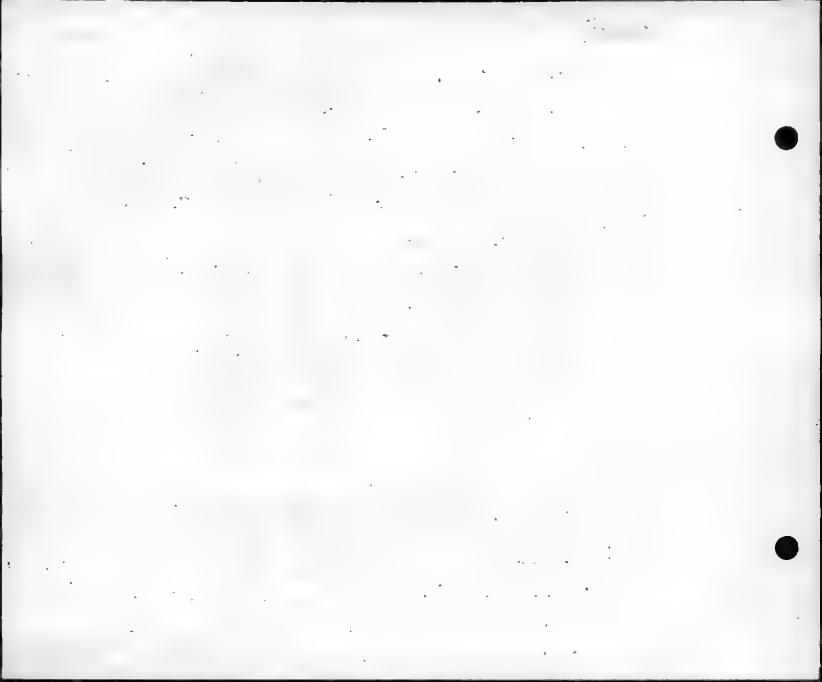


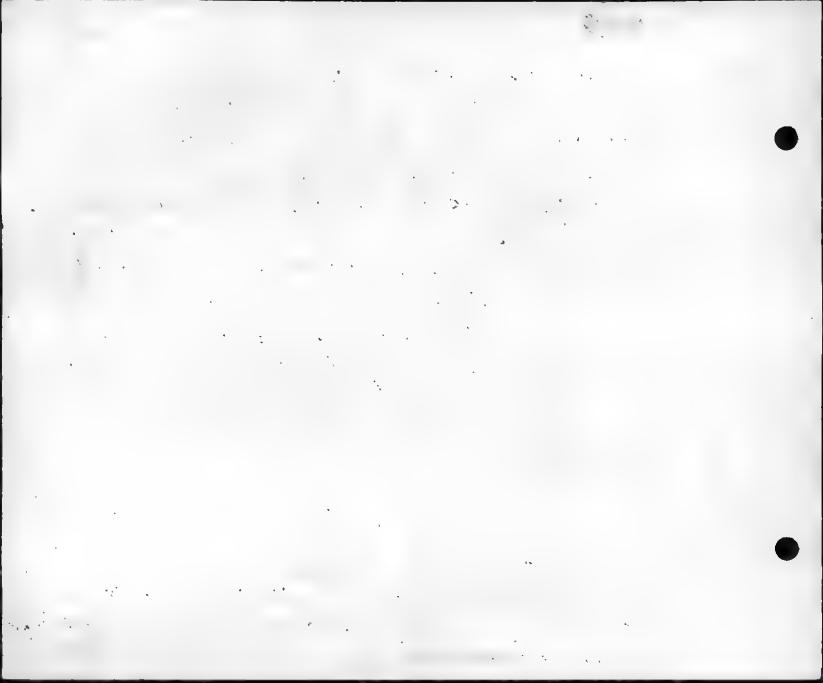
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00681 00682 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED NAME First M.ddle lost 2b. HOUR (Type ar print) Helen Barbara Cook 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR last birthday) HOURS White Female 9-17-04 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haum 8 MARRIED 🗍 NEVER MARRIED country) papers hin 72 h DIVORCED 3 Maryland WIDOWED | USA Carroll signed by the attending physician and campletely filled il burial-transit permit. Then please remove carban paper burial, cremation, ar removal, and in any event, within 72 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address)
Springied State Hospital during mast of working life, even if retired.)

Retired Bookkeeper

ASIDE CITY LIMITS?

13e. STREET AND NUMBER INDUSTRY Sykesville 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e CITY OR TOWN 13b. COUNTY YES TX 5310 York Road arvland Baltimore 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Demek John Hummer Anna 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Records. Springfield State Hospital Yes, na, ar unknawn) No (It yes give war or dates of service) Sykesville, Maryland 2178h 215-07-1126 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion Seconds IMMEDIATE CAUSE (a) __ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (h) Arteriosclerotic heart disease with congestive Years rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OFheart failure and hypertension stating the underlying cause. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tak has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🚾 O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) PM 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from January 10, 1968, to January 11, 1968, that (1) (we) lost saw the deceased alive an January 10, 1968, and that in 1968, and the 1 director, page 3 shauld causes stated abave, (2) (we) (did) (discount) view the bady after death. 22b SIGNATURI 22c DATE SIGNED January 14, 1968 22d. PHYSICIAN'S 22e. ADDRESS Springfield State Hospital NAME (Type) Antonius Glahn. Sykesville, Maryland 2178) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) 230 BURIAL, CREMATION, 23b DATE REMOVAL (Specify) 1/18/1968 Holy Redeemer Baltimore. Parrio 1 24 FUNERAL DIRECTOR Eugenia K. Seitz 52 Seitz Funeral Home 30M REV 168 5209 York Rd. Balto. Md.





TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuperal-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR AND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1684

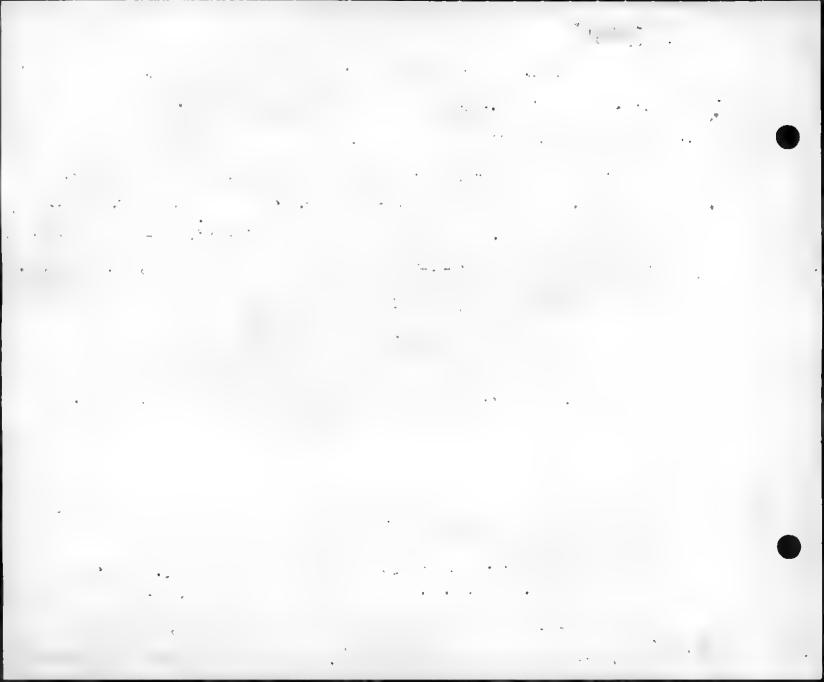
₹.	LKEJIO	14 31	urri' nu	ter intorce,	HING I PHIAD	21201	434
F	ICATE	OF	DEATH	1			TIT

			C	EKIIFI	CALE OF D	EATH						
1.	DECEASED-NAME First		Middle	-	Last		2a. DATE OF DEATH	26 HOUR				
1	(Type or print) BEUL	A IJ	(NIM)		COOLEY		Month Day JANUARY	9, 1968 8:55 M				
3.	SEX	4 RACE	The the		S. DATE OF BIRTI	Н	6 AGE (In years	IF UNDER 1 YEAR OF UNDER 24 HRS.				
	Female	Wh	ite		5-21-	0T	last birthday) 66 YRS.	MONTHS DAYS HOURS M.N.				
7a	BIRTHPLACE (State or fareign	7b. CITIZEN OF WI	IAT COUNTRY?	8. MARRIED	NEVER MARRIE	9.	COUNTY OF DEATH					
(0	Maryland	П.,	S.A.	WIDOWED			Carroll	Md				
	CITY OR TOWN OF DEATH	11 N/	AME OF HOSPITAL OR INST street oddress) ingfield S	ITUTION (if	nat in haspital	12a USUAL during mos	OCCUPATION (Kind of work done to a warking life, even if retired) Sewife	126 KIND OF BUSINESS OR INDUSTRY				
	a USUAL RESIDENCE (Where deceas	TOP	Ingileta S	ta te	ROSDITAL	INSIDE CITY EING						
- od	musion) STATE Maryland	13b COUNTY Montgom		icke	1	ES NO [3.7					
14	. FATHER S NAME First	Middle	Last		IS MOTHER'S MAID	EN NAME Firs	st Middle	Lost				
	Bud		McDona!			Ma	ry	Ramick				
16	G. WAS DECEASED EVER IN U.S. ARN	IED FORCES?	16b. SOCIAL SECURITY NO		INFORMANT		Address					
L	Yes, no or unknown) (If yes give w	5. 51 54-52 (1 361 YiCo)	220-54-670)2 R	ecords,	Spring	field State Hos					
	18. CAUSE OF DEATH (Enter on	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH										
	PART 1. DEATH WAS CAUSED IMMEDIA	Days										
	4120	4/20 DUE TO, OR AS A CONSEQUENCE OF										
-1	Canditions, if any, which gave	,		e.art	eri oscle	rotic	cardiovascular_	Years				
1	rise to immediate couse (a), stating the underlying couse	DUE TO, OR A	S A CONSEQUENCE OF	lisea	50							
н	lost. 4 4 2 x	(c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CRS assoc. with CNS syphilis, meningovascular, with psychotic reaction											
Ι,	CBS assoc. wi	ction										
Seminary of the seminary of th	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	20a AUTOPSY?		20b IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING					
, là					YES 🗀	NO 🛣	CAUSES OF DEATH?					
				21 c. l	IOW INJURY OCCUR	RED (Enter n	nature of injury in Part 1 or Part 2,	Item 18)				
3	OR CONTRIBLTING CAUSE OF CEAT (If either, notify medical examin		Manth Day Year									
MGD	21d INJURY OCCURRED 21e.		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, FTC.	DRY.) 21f I	OCATION Street	or R.F D. No.	City or Town	County State				
П	White Not while at work		GENCE BUILDING, ETC.	1								
н	220. I certify that (I) (th	s hospital) atte	ended_the_deceosed	from_	11-21-3	9_, 19	, to <u>l=9-68</u> , 19 ian death occurred on the de	, that (I) (we) lost				
н	sow the deceased a	ive on 1-	9 -6 819	, aı	nd thot in (my)	(aur) apini	ian death occurred on the de	ote and hour and from the				
	couses stoted obove	, (I) (we) (did)	(did not) view the b	ody ofter	deoth							
Т	22b SIGNATURE	17-7-1	- 01		ATTENDING	- MED	D C STAFF	DATE SIGNED -10-68				
DIRECTOR PHYS DIRECTOR PHYS												
Ш	22d. PHYSICIAN'S NAME (Type) An	tonius G	lahn, M. D.		22e ADDRE	Sylven	ngfield State Ho	ospital				
	\						ville, Maryland					
23	d. BURIAL, CREMATION, 23b. i	, , ,	23c NAME OF C				23d. FOCATION (City or Town)	(County) (Stote)				
-	purial 1	: 13/68	ADDRESS	La Lam	wn me		Hyattstown	MITAL - TIN				
24	FUNERAL DIRECTOR	0 1/	ADDRESS		July 1	So REC'D BY	REGISTRAR 256 REGISTRAR S	CONFER CONTRACT				



Items 218.22a Film 397 MARYLAND STATE DEPARTMENT OF HEALTH T-31-68 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR ST	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00685				
HEALTH	DEPT.		DECEASED NAME First Middle Last 20	DATE KNOWN Month Day Yeor 25 HO				
S 5 8	100		Type or Print) BRUCE ARTHUR DELONG	OF ESTI- DEATH MATED [1-2/ 19686:4	iO'			
delay		3 5		DATE PRONOUNCED DEAD Month Dov 4 Year / 2d HC	JUR			
P and	5		Male White 08/04/40 27 yrs.	1- 1960	M			
es 1, 2 form	Dep		atril .	of DEATH arroll County				
	ate			AT ON (Kind of work done 12b KIND OF BLSINESS OR	Mo			
haurs after death Item 18. Give Pag Office alang with	land 2 with the State Depo			orking I fe, even if retired) INDUSTRY None	•			
fter de Give ang w	中中一十	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 136 CITY OR TOWN 34 INSIDE CITY LIM 157 13e	e STREET AND NUMBER				
ns at	2 with death.	Ľ	dmission) STATE Maryland Frederick Frederick VES NO Ex	Route # 2				
haurs tem 1 Office	land2 after	14. 1	FATHER S NAME First Middle Last IS MOTHER S MA DEN NAME First	Middle Last				
	pages I	-		[ollerton				
i with,n 24 n pencil in Examiner's		((es, no, or unknown) (If yes give war or dates all service)	ADDRESS				
r vil Exor	File 72	-		APPROXIMATE INTERVAL	_			
ecuted ling' in edical E	ansit permit. Fi		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. A STORTERS A STORTERS	BETWEEN ONSET AND OFATH	H			
d be executed d 'pending' i Chief Medical	per per		IMMEDIATE CAUSE (a) Asphyxia Due to, or as a consequence of	Minutes.	_			
be ("pe	eve!		(b) occlusion of larynx and bronchi by	food mostly				
vard ward the Ch	al-tro any		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF					
	5 =		ost /21.7 (c) chicken chunks.					
certificate st., writing the farwarded to	and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G Mental deficiency, moderate. Psychosis?	IVEN IN PART 1(a)				
ertif writi war	e used as remaval,	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?				
nis c nte.		E E	WAS PERFORMED?	YES X NO				
: Ti tifico Id bi	p 5 /		216 EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of PRIMARY EXCHANGE CONTR BUTING HOUR AM 1-21 19 68 Choked while each					
NER Ser Ser Shau	sha	■EDICAL	CAUSE OF DEATH PM L-21 19 CO CHOKE Q WILL E EA 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No	CITIE Caunty State				
CAMI te the	age 3 shau crematian,		WHILE MOT WHILE Spring liefd State Hosp. Sykesville	Carroll Md				
recu Pag	, ja .		22a certify that I took charge of the remains described above, held an Autopsy (X), Inspec	ctian , Inquiry , and in my apini	ian			
SICA te ey	ECTOR: burnal		death resulted fram: Natural causes , Accident X, Suicide , Hamicide ,	Undetermined manner				
leas dare	DE 7		ACTUAL CHIEF MEDICAL EXAMINER					
TY, P	SAL D		SIGNATURE MD ASSISTANT MEDICAL EXAMINI	1-71-61				
O DEPUTY necessary, the funeral	FUNERAL Sorth pric		EXAMINER'S NAME (Type) W. Glenn Speacher, M. D.		3			
O D neco	TO FUNER Hearth	230						
	- 8		REMOVAL (Specify) 1/21/68 REMOVAL (Specify) 1/21/68 REMOVAL (Specify)	rederick, Md.				
VR A	USME (5)	14	ADDRESS 25d REC D BY REGISTR	RAR 256 REGISTRARS SIGNATURE				
	REV. 1/68		parejar 2 4	1968 Just 1968				





00686

DIVISION OF

MARYLAND STATE DEPARTMENT OF HEALTH
(ITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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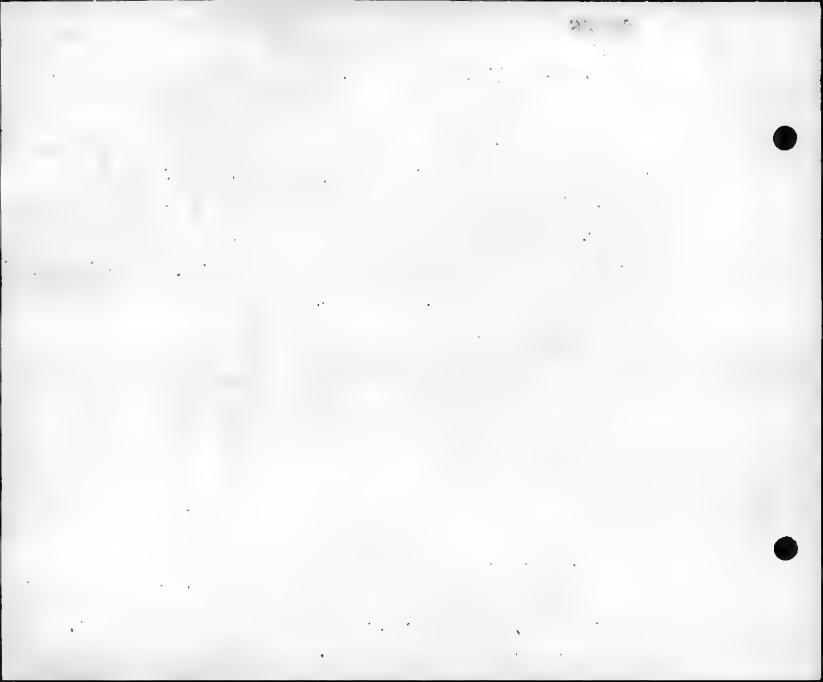
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" Linke " Title

			CERTIFICA	L OI DEATH			() ()			
1. D	ECEASED-NAME (A) in the first) (ype or print)	Belle	Duva	Last	2a DATE 0	Month /3 Day	198.8	2b HOUR 23CA M		
3. SI	Female	4. RACE White		DATE OF BIRTH	380	6. AGE (In years last buthday) YRS.	MONTHS OAYS	HOURS MIN.		
7a cau	BIRTHPLACE (State or fareign 71 itry) Lianvland	U.S.A.	WIDOWED 1	NEVER MARRIED DIVORCED	9. COUNTY 0	erroll		Md.		
	nty or town of death mion 1:17s	11 NAME OF HOSPITAL OR IN give street address)	v (s	dunna	mast of warkin	N (Kind of work done g life, even if retired.)	12b, KIND OF INDUSTRY	BUSINESS OR		
13a adm	USUAL RESIDENCE (Where deceased ission) STATE	hived, if institution: Residence befare 13b COUNTY 3 m2011	13c. CITY OR TO		NO [=	TREET AND NUMBER				
14.	FATHER'S NAME First l'1aehic	Middle Lost Midle Hil		OTHER'S MAIDEN NAME	First Hary	Middle	Gosne	Last		
	WAS DECEASED EVER IN U.S. ARMED			. ~	ARNHAR?	- Westmi		MJ.		
	18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED E IMMEDIATE	BETWEEN O	MATE INTERVAL INSET AND CEATH							
	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). staling the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF							ars		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICAT ON	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS P	PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS (YES NO CAUSES OF DEATH?				ONSIDERED IN CE	ERTIFYING		
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M.	19			ury in Part 1 or Part 2,	Item 18.)			
W	at wark at wark	ACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				y ar Tawn	County	State		
	22a. I certify that (1) (this hospital) ottended the deceosed from 2 13 , 1944, to 1/3 , 1968, that (i) (we) last sow the deceased alive an 1/2 1962, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.									
	226. SIGNATURE Chaptes M.D. DEGREE ATTENDING MED. DIRECTOR D STAFF 1/3/68									
	22d. PHYSICIAN'S Julius			22e. ADDRESS 8 5 2 W.C		St Wost	menst	er, ML		
L	BURIAL, CREMATION, 23b. DA	16/1/63 - 2	CEMETERY OR CRE	morl	1,50	ION (City or Town)		(State)		
24.	FUNERAL DIRECTOR J. 11. T1rz,	ADDRESS	illo, 1		D BY REGISTRAR	25b. REGISTRAR S	- 10	Tipe.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after

VIII A 15 Y 3



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00687 00688 CERTIFICATE OF DEATH 25 HOUR 9:15_{am} 1. DECEASED-NAME First Middle Lost 20. DATE_OF DEATH (Type or print) Mary (NMN) Engnoth s. DATE OF BIRTH 4 RACE 6. AGE (In years 1E LINDER I YEAR IE DINDER 24 HRS female white lost birthooy) HOURS 7b CITIZEN OF WHAT COUNTRY? 76 BIRTHPLACE (State or foreign B. MARRIED | NEVER MARRIED | 74 9. COUNTY OF DEATH Germany Carrell WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Springfield State Hosp. during-most of working life, even if retired) INDUSTRY Sykesville 130 USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Baltimore City Baltimore YES X NO 719 Milton Ave. 14 FATHER'S NAME First Middle Lost 1S. MOTHER'S MAJDEN NAME First Lost Flanoka Marks Charles Engnoth 166. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 220-54-6387 Springfield Hospital, Sykesville, Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) CONGESTIVE FAILURE. HEART DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) (undiff.) CBS Assoc. With senil Brain disease with psychotic reaction, mental deficiency 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO X 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 2.d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while of work sow the deceased alive on 1968, and that causes stated above (4) (we) (did) (did) (did) view the body after death. 221 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS.

O FUNERAL DIRECTOR: After this certificate by the haspital ar should director, page 3 Should

22d. PHYSICIAN'S

FUNERAL DIRECTOR

NAME (Type)

the attending physician and campletely filled in by ther sit permit. Then please remave carbon papers. Pages nation, ar remaval, and in any event, within 72 haurs affe

signed by the burnal-transit p

prior to t

the has been

detached

requims that the Beath certificate be executed within 24 haur

Naci NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR 22g ADDRESS

Springfield State Hosp. Sykesville, Md.

23d LOCATION (City or Town) (County) (Stote) WARTZ'S CEMETER

2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00688 CERTIFICATE OF DEATH 00679DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b HOUR deoth. Month 31 (Type or print) lesse Eyler 2 A M lanuary 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthdoy) March 10, 1890 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🖪 NEVER MARRIED 🗌 country) Frederick Co.Md. Carroll U.S.A. WIDOWED [DIVORCED [requires that the death certificate be executed within 24 pop signed by the attending physician ond completely fille buriol-tronsit permit. Th≣n please remove carbon pop 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR R.D.2, Westminster, Md. give street oddress) during most of working life, even if retired) R. D. 2 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIALITS? 13b. COUNTY NO 🚽 westminster Carroll R. D. 2 Maryland 15. MOTHER S MAIDEN NAME First 14. FATHER S NAME Middle Bittinger William G_{\star} Anna Ey1er 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Mrs. Mary S. Lyler, Westminster, Md. R.D. 2 215-26-9116 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🔲 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this haspitol) anended the deceased from 3/3///, 19_____, 10_____, 19_____, 19_____, that (1) (twe) lost caw the deceased olive on 130/2 19____, and that in (m) (our) opinion death occurred an the date and hour and from the couses stated abave, (1) (we) (did (did nat) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING director, page 3 shauld be filed v PHYS. DIRECTOR 22d. PHYSICIAN S 22e_ADDRESS George L. Morningstar, MD. Emmitsburg, Maryland. NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 2/3/68 Grace Lutheran Cemetery Rocky Hill, Frederick Co. Md.

ADDRESS

Littlestown. Pa.

25b. REGISTRARS SIGNATURE

25a. REC D BY REGISTRAR

VR A15 (4) 30M REV. 1/68

• • . . . * 113 after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled ine director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 has a constant.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

00689

			CER	HITCAIL OF	DEATH					
	ECEASED-NAME First		Middle	Last		2a. DATE OF DE		14	2b. HOUR	
	(ype or print) Will	iam E.	Frede	erick			Month Doy	U7 Year	168 545a M	
3. 5	EX	4 RACE		S. DATE OF B			AGE (In years	IF JINDER YE		
L	Male	White		July.	8, 1	883	last birthday) YRS.	MONTHS D	DAYS HOURS MIN	
7c.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT CO	OUNTRY? B. M.	ARRIED 🧖 NEVER MA	RRIED 9.	COUNTY OF D	EATH			
Cau	ntry) Carroll Co.	U.S.A.	WI	DOWED DIVE	RCED 🗍	Ca	rroll		Md	
10.	CITY OR TOWN OF DEATH Hampstead	11 NAME O give street	F HOSPITAL OR INSTITUTI address) 36 I	ION (If not in hospital V. Main St	1		ind of work done e, even if retired.)	12b KINI INDUSTR	D OF BUSINESS OR RY	
	USUAL RESIDENCE (Where deceasission) STATE	LAST COLINITY	tesidence before 13c.		13d INSIDE CITY LIME YES NO		et and number 6 N. Mair	Sta		
14	FATHER'S NAME First	Middle	last		AIDEN NAME Firs		Middle	1 1004	Last	
14.	1117	rederick	£031	is. Montex's #	MINE HANGE 1413	Elizab	_	ne	6031	
160	WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO	17. INFORMANT	-		Address			
	res, na or unknawn) (II yes give v	var or dates of service)	16-22-8072	? Olive	Freder	ick Ha	mpstead	(wif		
	18 CAUSE OF DEATH (Enter on		(a), (b), and (c).)		*				PROX MATE INTERVAL VEEN ONSET AND CEATH	
П	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) <u>Co</u>	reheal	Softer	rry			4	aucho	
L	7	•"								
	Canditions, if any, which gave rise to immediate cause (a),	(b)	renne	West	1 -4-	.(114	2	(3)	9100	
	stating the underlying cause last	DUE 10, OK AS A	consequence of exterior	Cert	811	!		20	cyn.	
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?									
DICAL CE	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Mo	onth Day Year	21c. HOW INJURY O		nature of injury	in Part 1 or Part 2,	Item 18)		
ME	21d. INJURY OCCURRED 21e. While hat while at wark at work	PLACE OF INJURY (AT HO	OME, FARM, STREET, FACTORY, E BUILDING, ETC.	21f LOCATION Stre	et ar R.F.D No.	City or	Tawn	County	State	
1	22a. I certify that (I) (th	us hasnital) attende	d the deceased fr	nm 7-03	196	10/1	1607.19	13	hat (I) (we) las	
	saw the deceased a	live on	22,2 L 19 C	🚅 and that in(In	ny) (aur) apin	ian death acc	curred an the do	ate and ho	aur and fram the	
	causes stated above	€, (I). ⁽ (we) (did}{did	nat) view the bady	atter death.			l an	DISC SIGNIS		
	22b, SIGNATURE	nter+	well	DEGREE PHYS.	DIR E	LECTOR 🗀 I	STAFF D 9	Mate signed	7,1965	
	22d. PHYSICIAN'S NAME (Type) M. C.	Porterfield	l	22e. AD	Hamp:	stead, Ma	aryland.			
230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CEME	TERY OR CREMATORY		23d LOCATION	(City or Town)	(Caunty)	(State)	
		n.29, 1968	Manches	ter Cemete			hester Ca			
₹ 24.	FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY	REGISTRAR	25b. REGISTRAR'S	SIGNATURE		

Tipton - Eline Funeral Home Hampstead, Md.

VR A15 (4) > 30M REV. 1/68





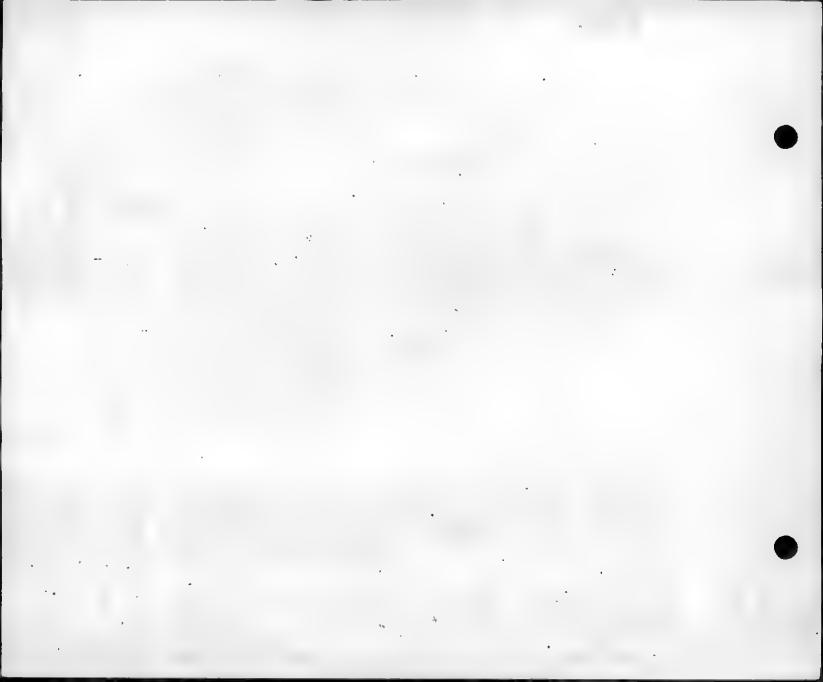
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00691 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20 DATE OF OEATH requires that the death certificate be executed within 24 hours ofter deoth (Type or print) 4 RACE S. DATE OF BIRTH Oct. 8. Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIEO NEVER MARRIED II.S.A. DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) 3a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c, CITY OR TOWN 136 COUNTY YES 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Thomles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) [(If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (s))
PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a)

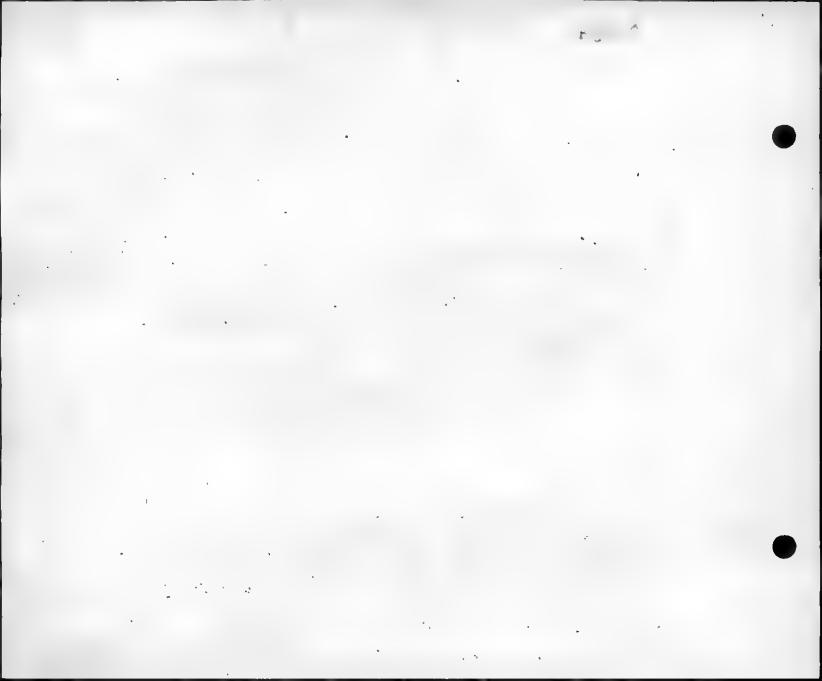
**The control of the cause of the cause (b) the cause (c) th Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗔 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, SARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work of wark 22o. I certify that (I) (this hospital) aftended the deceased from ______, 19 _____, 19 _____, 19 _____, 19 _____, that (I) this saw the deceased alive on ________19 _____, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (1) (did not) view the body ofter death. 22b SIGNATURE 22c. DAJE SIGNED ATTENDING DEGREE director, page strong 22d PHYSICIAN S 22e. ADDRESS NAME (Type) Damascus, Laryland 23a. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Frederick Co., I'd. ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DATE JAN 30M REV 1281



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00692 00692 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle 2b. HOUR **DECEASED-NAME** First (Type or print) IF UNDER LYEAR IF UNDER 24 MRS 4. RACE 6. AGE (In years 3. SEX lost birthday DAYS MONTHS vithin 72 hours OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED country) Ξ. DIVORCED [WIDOWED [Carroll 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospitol 120 JSUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR give street address) 128N during grost of working life, even if retired.) INDUSTRY pdn House wite LONG USELD NUTSTAY 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER burial, cremation, or removal, and in any event, 13d THISIDE CITY JIMITS? LA36. COUNTY 14 FATHER'S NAME First Middle physician a Ien please I 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) (If yes give wer or dates of service) 216-059 18. CAUSE OF DEATH (Enter only one cause per line for (9), (b) and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove) nse to immediate couse (o), Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. of Health prior to CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not'fy medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from more 8, 1967, to Jan 18, 1968, that (I) (we) last saw the deceased give an Jan 17, 1968, and that in (my) (aur) opinion death accurred an the date and haur and from the director, page 3 should shauld be filed with the causes stated abave. (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S TO FUNERAL 23c. NAME OF CEMETERY OR CREMATORY Brodeck Penna. 73b DATE 1/20/68 (County) 30. BUR AL CREMATION, BOMOVAL (Specify) emetery Stone (2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Fline & Sons Reisterstown. Md. VR A15 141 30M REV, 1/68



	4			D STATE DEPAKTMENT O		
2		OCCOS DIVIS	ION OF VITAL RECORDS,	301 W. PRESTON STREET, B.	ALTIMORE, MARYLAND 21201	
		00693 DIVIS		CERTIFICATE OF DEAT	H	00693
= (+1)		CEASED-NAME First	Middle	Last	2g PATE OF DEATH	2b. HOUR
	(1	ype or print) THOMAS	PAV	GORSUCH	Manth Day	13:00 AM
	3 SI		CE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR
E 0 8 8	1 /	MALE	MHITE	FEB. 14	1891 last birthday) YRS.	MONTHS DAYS HOURS MIN
in by Prours Pours	7o.	IRTHPLACE (State or foreign 7b. CITI)	ZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 hours ed in by papers Po	coul	LAID CO PA. L	1.5.A.	WIDOWED DIVORCED	CARROLL C	O · Md
n 2 illed pap pap	10, (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 120	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
ecuted within 24 completely filled cove carbon paper y event, within 7	h	ESTMINSTERRA	give street address)		ig most at working life, even if retired.)	Perman RR.
d v d v d v d v d v d v d v d v d v d v		USUAL RESIDENCE (Where defeased lived,		13c CITY OR TOWN 13d MSIDE	CITY LIMITS? 13e. STREET AND NUMBER	
om om o	aam	ssion) STATE MARYLAND	COUNTY CARROLL	ITESTMINSTE PIES	NOTE PLEACANT VI	FUEURD
exe emo any	14.	ATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NA	ME First Middle	Last
be ar		JOSHUA	ROLLER GO	RSING BLA	NCHE CROFT	-
physician. Signed by the attending physician and completely filled in burial-transit permit. Then please remove carbon paper burial, crematian, ar remaval, and in any event, within 72.		WAS DECEASED EVER IN U.S. ARMED FORCE es, ng, gr unknown) { Hyes give wor er detes or	ES? 166. SOCIAL SECURITY		Address' J	AME
rtific shys	L	es, iid, dr clikilowii)	of service) 7/6 -/4-	WOO MAS EVELY	NS. /JURSUCH, K	APPROXIMATE INTERVAL
mo The)B. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:	ouse per inje for (p), (b), and (c)	1 1 1-0	0, 1	BETWEEN ONSET AND DEATH
eath or r		IMMEDIATE CAUS	: (0) 1/1/1/1/1		relia Vanculas	Seneralys
affe an,		·/d 9 DU	E TO, OR AS A CONSEQUENCE OF	With Welows	endativelect	
t the sit		Conditions, if ony, which gove) rise to immediate couse (o),	(b)			
Great State		stating the underlying cause DU	E TO, OR AS A CONSEQUENCE OF			
ires ysici med rial-		lost, y of of 1	(c)	AS BULLETO TO THE SCOUNSE OFFICE	OD CONDITION CHIEF IN BADE 1(-)	
he law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and completely filled in by the funerate as the burial-transit permit. Then please remove carbon papers Paper Apple to he prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.	2"	PART 2 OTHER SIGNIFICANT CONDITIONS	Couch Build	di kelateu to the reminal disease	OKCONDITION GIVEN IN PART I(0)	
AN: The law ratending icate has been for use as the Health prior to	CERTIFICATION	190. DATE OF OPERATION 196. CONDITIO	ON FOR WHICH OPERATION WAS P	RFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	TIE			YES N	CAUSES OF DEATH?	
AN: The all or att			b TIME OF INJURY OUR A.M. Manth Day Year		(Enter nature of injury in Part 1 or Part 2, 1	tem 18.)
of Efficiency	MEDICAL	(If either, natify medical examiner)	P.M.	9		
iNG PHYSICIAI by the haspital frer this certifice be detached fan State Dept. of H	×	21d MAJURY OCCURRED 21e PLACE O	F INJURY (AT HOME, FARM, STREET FA OFFICE BUILDING ETC.	CTORY,) 21f. LOCATION Street or R.F.E.	D. Na. City ar Tawn	Caunty State
e Det this e De	П					
Start Start		22a. I certify that (I) (this hasp	ital) attended the deceos	ed from 2	opinion death accurred on the de	to and hour and from the
R: A		causes stated obove, W (v	ve) (did (did not) view the	bady after death.	196, to 1-17, 19) opinion death accurred an the do	e ond noor and nom me
P S S S S S S S S S S S S S S S S S S S		220 SIGNATURE	0 10 2	<i>^</i>	MED STAFF 22c I	DATE SIGNED
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate e 3 shauld be detached for u ed with the State Dept. of Heal		Walley SD	eicher W	DEGREE PHYS	DIRECTOR PHYS.	-17-68
Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt		22d, PHYSICIAN'S NAME (Type)		22g ADDRESS	hunster me	1 2115.17
IOSI UNE Sertol	230	BURIAL, CREMATION, 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
TO HO Page TO FUN direct		REMOVAL (Specify) 1/26	2/68 PEMA	-LINCOLN MEM	CHARDENS, E.MCKEL	SPORT Pa.
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRES	2Sq. RE	CD BY REG STRAR 25b, REGISTRAR'S	SIGNATURE VILLE
30M REV. 1/68	4	5. Mille 14.	het minute	mac DATE	NUM TO 1200 1000	reso Juste
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		MAKILAND STATE DEPAKIMENT OF HEALTH	
-2- (NA)		00694 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00694
THI		CERTIFICATE OF DEATH	() () () () - \(\)
(年 版工 中丰	1 DE	CEASED-NAME ERRORFIEST Middle Lost 20. DATE OF DEATH	2b. HOUR
George Control	(1	ype or print) HAMPT Month Day	1ea 8 620
	3. SE	X 4 RACE 5. DATE OF BIRTH 6 AGE (in years I FUI	NOER 1 YEAR
off the 1965 5 of		Female White Sept. 3, 1892 iast birthday) YRS MONT	HS DAYS HOURS MIN
by by ours		SIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHEN TO NEVER MARPHENT 9. COUNTY OF DEATH	
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter be hospital or attending physicion. It is certificate has been signed by the attending physicion and completely filled in by the further for use as the burial-transit permit. Then please remove carbon papers. Pages is Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours often	1	MANCHESTER give, street address) VIEW NSG. Home Housewife	NDUSTRY
ed v	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR JOWN 13d. MIDIE CITY LIMITS? 13e STREET AND NUMBER	
omp owe eve	odmi	ssion) STATE 13b. COUNTY Battimara unnerso YES NO	
exe ony	14 F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
be on Jin e		William Shaffer Lydia C. Hoffman	
ond ond		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT, Address	1
fiffic rat, plant	L	es, no, or unknown) (11 yes give war or dates of service) 220-444-95746 Walter truliman unwas	o. Hd
cer The P		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth idii r re		PART I DEATH WAS CAUSED BY: Conclusionalis accollect	2 14 24 05
de de n', o		DUE TO, OR AS A CONSEQUENCE OF	NA MACOLIA
the original properties.		Conditions, if any, which gave)	2 mass
hat n. yy fl ons		nise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1
es t sicio sicio sicio l', ci		last. $2 \frac{27 \times 1}{2}$ (c)	
phy duin		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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tending law	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	DERED IN CERTIFYING
JING PHYSICIAN: The law reby the hospital or ottending offer this certificate has been be detached for use as the State Dept. of Health prior to	CERTIFICATION	YES NO CAUSES OF DEATH?	
iNG PHYSICIAN: by the hospital or fler this certificate de detoched for u stote Dept. of Heali		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
COA Figure 12 COA Figure 12 COA	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (if either, notify medical examiner) P.M. 19	
PHYSIC ne hospi this certi etoched etoched		21d INFILIRY OCCURRED 22e PLACE OF INJURY LAT HOME FARM, STREET, FACTORY 1 21F LOCATION Street of R.E.D. No. City of Town	onty State
PH he I this leto		While Not while at work OFFICE BUILDING, ETC	
by the fiter be defored		22a. I certify that (1) (this haspital) attended the deceased from Lent 1964, to 400 / 2, 1968	, that (1)7(we) la:
NO Sed to		saw the deceased alive an Jan 1962, and that in (my) (aur) apinian death accurred an the date a	nd haur and fram th
OR ATTENDING be retained by the DIRECTOR: After je 3 should be ded with the Stote		causes stated abave (1))(we) (did) (did nat) view the bady after death.	
Wije S		226 SIGNATURE W. Thomas M. D. DEGREE BLUXS MED NIBERTON STAFF 22c DATE	12/63
o de personal de la companya de la c		22d. PHYSICIAN S 1 22e. ADDRESS (22e. ADDRESS)	12100
D HOSPITAL OR ATTENDIPOSE A moy be retained by FUNERAL DIRECTOR: Affordiector, page 3 should be should be filed with the Signal		NAME (Type) W. H FOARD M.O MANCHESTER, Md	
OSF JNE orld	230		nunty) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law ranged a may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	Į	The state of the s	uunty) (Stote) Lto. Md.
	_	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	
30M R8V 168		Tipton - Eline Funeral Home Hampstead, Md. DATE JAN 17 1968 Policy	
	<u> </u>	TIDOON - DITHE LUMETAT LONG Hambacad, Hat I was attended to the land of the la	M. Videdia



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00695 00695CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Mervin Month Tames Harner P._ M 1968 anuary 3 SEX 4 RACE requires that the death certificate be executed within 24 hours ofter S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last_hirthday) Male White January 16. 1891 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🖳 NEVER MARRIED U.S.A. Carroll Carroll County WIDOWED | DIVORCED | physicion and completely filled en please remave carbon pape 10. CITY OR TOWN OF DEATH Mailing 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address) Malling Address 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY Canning during most of working life, even if retired.) remave carbon Littlestown Pa Rel Littlestown. Pa. Retired Canner Factory 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 📳 R. D. 1 Littlestown Carroll ond in ony 14. FATHER S NAME Middle Heagy Middle IS. MOTHER'S MAIDEN NAME First Last Last James J. Harner Sarah Ann MATRET 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Carroll Co. Md. Yes, na, or unknown) signed by the ottending physi buriol-tronsit permit. Then pl buriol, cremation, or remaval, Mrs. Laura C. Harner, Littlestown, Pa. R-1 187-30-0006 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: . IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying couse (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to b hos been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? EXPLORATORY LAPAROTOINV YES [NO X TO FUNERAL DIRECTOR: After this certificate by the hospital or 21a. ACCIDENT WAS UNDERLYING 21/ HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Po TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detoched for the Dept of H (If either, notify medical examiner) P.M. 21d INJURY OCCURRED AT HOME FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State White Not while at work DEFICE BUILDING, ETC 22a. I certify that (I) (this hospital) attended the deceased from 10~28 -20 19 (&, and that in (my) (opinion death occurred on the date and hour and from the sow the deceased alive andirector, page 3 should should be filed with the couses stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1/24/68 St. Johns Cemetery Nr. Littlestown, Adams Co.Pa. **ADDRESS** 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 [4] 30M REV 1/68 rcharles Littlestown, Pa.

71 2 12 τ, 00696

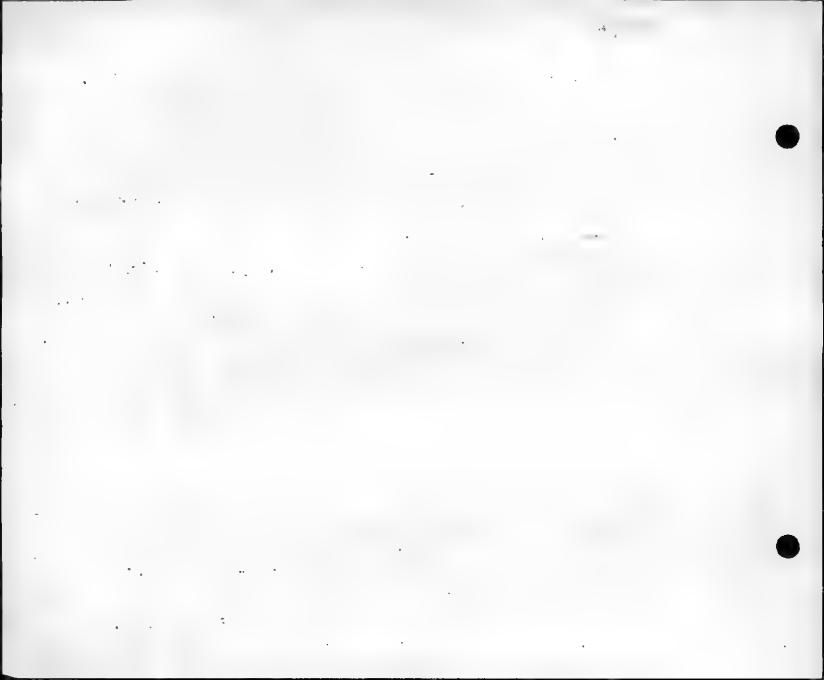
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00696

				_									
	CEASED-NAME	First		Middle		Last	2a	DATE OF DEATH			26. НОИВ		
(1)	ype ar print)	NNA		BELLE	HA	RTZELL		Month D	gy A	Yeor 7.968	6:30 M		
3. SE			4 RACE			DATE OF BIRTH		6. AGE fin veors	IF UND	DER I YEAR	IF JHDER 24 HRS.		
1	Female		White			5-16-1	1885	last birthday)	MONTHS	5 DAYS	HOURS MIN		
70 8	FIRTHPLACE (State or for	ean [7]	, CITIZEN OF WHAT CO	DUNTRY?	8. MADDIED E	NEVER MARRIED	9. CO	UNTY OF DEATH					
coun		-	U.S.A.		WIDOWED [3			Carroll			Md		
10. C	ITY OR TOWN OF DEATH		11. NAME O	F HOSPITAL OR INS	TITUTION (If not	ın hospitol 120	USUAL OC	UPATION (Kind of work done	125	KIND OF B			
	ykesville		give street in Sprin	gfield	State H	ospital	ing mast at None	warking life, even if retired)	INC	DUSTRY			
	USUAL RESIDENCE (When ssign) STATE Maryland	e deceased	lived, if institution: R 13b. COUNTY Baltimore		13c CITY OR I Baltin	VEC ITS	NO NO	13e. STREET AND NUMBER 2500 Garris	on A	ve.			
	ATHER'S NAME Firs		M.adle	Lost		MOTHER'S MAIDEN N.	AME First	Middle			Lost		
		Jame	s Herbert	Shiple	7		Is	adora Warfiel	d				
160	WAS DECEASED EVER IN		r dotes of samura)	SOCIAL SECURITY N		ORMANT		Address					
	es, no, or unknown) (n yes give mai v	216	<u>-10-080</u>	7 Re	cords, Sp	ringf	ield Stata Ho	spit				
П	18 CAUSE OF DEATH			(o), (b) and (c).)					~		ATE INTERVAL SET AND DEATH		
Ш		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular disease with Years											
	DUE TO, OR AS A CONSEQUENCE OF chronic heart failure												
ш		Yea1	20										
	rise to immediate cou stating the underlying		DUE TO, OR AS A C	onsequence of	001 1000	101 00 10							
Ш	last.	,	(c)	· · · · · · · · · · · · · · · · · · ·									
Н	PART 2. OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBUTING	<u>TO DEATH</u> BUT NO	T RELATED TO	THE TERMINAL DISEAS	SE ORCONDIT	ION GIVEN IN PART I(o)					
×	421/												
CERTIFICATION	190. DATE OF OPERATION	19b, CO	NDITION FOR WHICH O	PERATION WAS PER	RFORMED	20a. AUTOPSY?	NO I	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDE	RED IN CER	TIFYING		
	21a, ACCIDENT WAS U		216 TIME OF INJU		21c. HO	V INJURY OCCURRED	(Enter notu	re of injury in Port 1 or Port 2	, Item 11	8.)			
EDICAL	☐ OR CONTRIBUTING ☐ CA- (If either, notify medic			nth Day Year 19									
	21d INJURY OCCURRED While Not while of work	210 PI	ACE OF INJURY (AT HO		TORY.) 21f. LOC	ATION Street or R F	D No.	City or Town	Cour	nty	State		
	22a. I certify that	(I) (this	hospitol) attende	d the decease	d fram_12	-8-67	19	, to 1-8-68 , 1	9	, that ((I) (we) last		
ш	saw the dece	ased aliv	e an 1-8-6	8 1	9, ond	that in (my) (au	r) apinion	, to <u>1-8-68</u> , 1 death occurred on the c	late an	d haur a	nd fram the		
ш		above, ((we) (did) (did) 	nat) view the b	ody after de	eath.							
Ш	225 SIGNATURE	~2	vin in	, Ex	-O SERRE		MED DIRECTO	OR STAFF D	. DATE SI	9 -	- 68		
	22d. PHYSICIAN'S NAME (Type) A		01 - hu	1 6			_	gfield State					
			is Glahn,					ille, Marylan		1784			
23 a.	BURIAL, CREMATION, REMOVAL (Specify)	23b DA		23c NAME OF C			230	LOCATION (City or Town)		unty)	(Stote)		
-	REMOVAL (Specify) Burlal	1/-	12/68		1 Park	Cemetery	neith his fire	Baltimore, M		THOS			
24	FUNERAL DIRECTOR	- /		ADDRESS	Rollo	., mar 250 R	ECD BY REC	SISTRAR 2Sb. REGISTRAR	SIGNA	IURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pageshauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00692MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 DECEASED NAME (Type or Print) Lost HIGBY Eirst Middle 20. DATE KNOWNXT Month OF VROOMAN SMITH HIGLEY, M.D. 19 68 DEATH MATED 2d. HOUR 2:30 IF UNDER 1 YEAR F JINDER 24 HRS 3 SEX 4 RACE 2c DATE PRONOLINGED DEAD S. DATE OF BIRTH 6 AGE (In years iasi birthday) January nine White Feb. 18.1907 60 Male YRS 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED X tountry) New York U.S.A. WIDOWED [DIVORCED [Carroll with the State 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) Own, Maryland wedical Doctor INDUSTRY Uniontown Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY CHITS? 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY Carrol1 YES NO ST Uniontown Item 18 land 2 after 14. FATHER S NAME First Middle IS. MOTHER S MAIDEN NAME Lost Coleman Highy Smith Vrooman Ida 4 shauld be farwarded to the Chief Medical Examiner's hillurs bades 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** pencil (Yes, na, ar unknown) Yes 575-38-4270 Mr. Richard Murphy. Uniontown, Maryland 9 .⊆ certificate shauld be executed event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH pending PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic and Hypertensive Cardiovascular XDMEXISC XON AS AS X ON SECURINDAD X Disease Conditions, if any, which gave rise to immediate cause (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Ö S removal, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? please execute the certificate, NO TX 6 210 EXTERNAL CAUSE WAS 21b T ME OF IN, URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING M.A. RUOH cremation, JICAL EXAMINER: P.M CAUSE OF DEATH 21d NURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City of Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 4 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection X death resulted from Natural cooses XX Accident Suicide [Homicide Undetermined monner CHIEF MED CAL EXAMINER prior 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER the funeral O DEPUTY 1/9/68 DEPUTY MEDICAL EXAMINER O FUNES Hearth Spitz **EXAMINER'S** Werner U. NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 23g BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) REMOVAL (Specify)
Burial 1/12/68 Lutheran Cemetery Uniontown. CarrollCo. 24 FUNERAL DIRECTOR C.O.Fuss & Taneytown. 10M REV

MARYLAND STATE DEPARTMENT OF HEALTH



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	ECFASED-NAME First Type or print)	1		Last	2a. DATE OF DEATH	Zb. NOU	Por		
	CALV	IN LANNING	Acres .	HILL	Month Day JANUARY	9. 1968 12	M		
3. S		4. RACE	S	DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER LYEAR IF UNDER 24 H	RS VIN.		
_	Male	White		7-9-1883	814 YRS.	MONTES DATE TOURS	ili ru.		
70 (0)	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEAST MAKKIED	9 COUNTY OF DEATH				
Ne	ew Jersey	U.S.A.	WIDOWED	2	Carroll		Md		
	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		during me	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY			
	ykesville	Springfield	tate Ho	spital F	armer	agricultur	_		
adm	Issual Residence (where decease than y Land	sed lived, if institution: Residence before Baltimore City		11704	M 157 13e. STREET AND NUMBER D 5426 Narcissus	a Ave.			
	FATHERS NAME First	Middle Lost	Baltimo	MOTHER'S MAIDEN NAME F		Last	_		
	Davis H		13. 1	Anna Runyo		cusi			
16a.	. WAS DECEASED EVER IN U.S. ARA		NO. 17. INF	ORMANT	Address		—		
1	(es, no, ar unknawn) (# yes give w	var or dates of service)	36-A Re	corde Smin	gfield State Hos	nital			
		lly ane cause per line far (a), (b), and (t)			<u>gi re iu uua ue iius</u> j	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH	_		
	PART I DEATH WAS CAUSE	D BY: ATE CAUSE (a) <u>Arterioscl</u> e		erdi ovescul:	ar di sease	vears			
	4129	DUE TO, OR AS A CONSEQUENCE OF		ST OTO VELOCITE	AT OF CORDO	, years			
	Canditians, if any, which gave								
	rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF							
	last. (c)								
		NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART I(0)				
No	4221					• 11			
CERTIFICAT.ON	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING			
ERTIF	21a. ACCIDENT WAS UNDERLYIN	NG 1216 TIME OF INJURY	Int. Hou	YES NO S		101			
	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Manth Day Year	21c HUW	INJURT OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)			
MEDICAL	(If either, natify medical examination 21d, INJURY OCCURRED 21s.	ner) P.M. 14 PLACE OF INJURY / AT HDME, FARM, STREET, FA		ATION Street or R.F.D. No.	City ar Tawn	County State			
	While Not while at wark at wark	OFFICE BUILDING, ETC.	211. 200	WION JIIBBI UI K.I.D. NO.	. City of Igwil	Coordy 31018			
	22a certify that (I) (th	is haspital) attended the decease	ed from 1.1	-10-67 19	to 1-9-68 19	that (I) (we)	last		
	saw the deceased a	live an 1-9-68	19, and 1	that in (my) (aur) apid	nian death accurred an the do	ite and haur and from	the		
		e, (I) (we) (did) (did nat) view the	body after de	ath.		* *	_		
1	22b. SIGNATURE	in a Volum	11 DECEME	ATTENDING M	IED. STAFF Z Z.c.	DATE SIGNED -9-68			
	22d. PHYSICIAN'S	10 0 1 cm 31	M. DDEGREE		ingfield State Ho	-	_		
		io A. Ruiz, M. D.			esville, Maryland				
23a.	BUR AL, CREMATION, 23b.	DATE 23c NAME/OF	CEMETERY OR CE		23d., LOCATION (City or Town)	(County) (State)	_		
-	REMOVAL (Specify)		hland	1	Hopewell	n. 4.			
24.	FUNERAL-DIRECTOR	ADDRESS	. 11	2So. REC'D B	Y REGISTRAR 256 REGISTRAR'S	SIGNATURE	_		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-trans t permit. Then please remove carbon papers - Profess should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hafts off

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

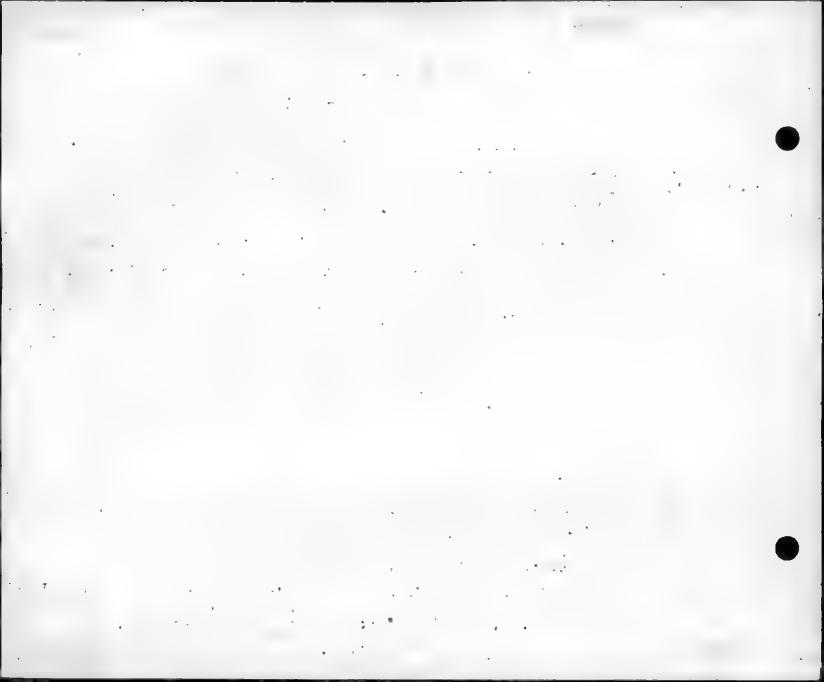


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Neath certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages strongly be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at

DIVISION OF WITH DECORDS

		10699 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, A	MARYLAND 21201	00699
		DECEASED NAME First Middle Lost 2a. DATE (Type or print) Stella (NMN) Hughlett 1	OF DEATH Month 13 Do 6	3 Yeor 7:20
	3. SE	female 4 RACE 9-26-1884		FUNDER 1 YEAR OF UNDER 24 I ONTHS DAYS HOURS
	COUR	Maryland U.S.A. WIDOWED TO DIVORCED Ca	OF DEATH arroll ION (Kind of work done	126 KIND OF BUSINESS OR
^		ykesville Springfield State Hospital House	ang life, even if retired)	INDUSTRY
. >	13o admi	mission) SYATE 136 COUNTY	street and number Arrington Ros	ad
		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First	Middle	Lost
	16o. Y	No. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT	ah Coulhour Address	
	\overline{x}	18 CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c).)	s Sykesville	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal pneumonia		2 days
		Conditions, if any, which gave rise to immediate couse (a). Stating the underlying couse (b). DUE TO, OR AS A CONSEQUENCE OF (b)		years
(CERTIFICATION	CART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF Chronic Brain Syndrome associated with cerebral as	CIVEN IN PART 1(0) Sterioscleros b IF YES, WERE FINDINGS CON USES OF DEATH?	
	CERTIF	YES NO TO THE OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of		m 18)
	DICAL	F OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19		
	ME		City or Town	County State
		22a. I certify that (*) (this haspital) attended the deceased from 12-4, 1966, tasaw the deceased glive an 1-13 1968, and that in (**) (aur) apinion dear causes stated above, (**) (we) (did) (***) view the bady after death.		
		226 SIGNATURE N. E MEGREE ATTENDING DIRECTOR I	CTACC —	te signed L-13-68
		22d. PHYSICIAN'S NAME (Type) Renato R. Espina, M.D. 22e. ADDRESS Springfield St	ate Hospital	. Makkesvil
1	23 a.	G. BJRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOC	ATION (City or Town) mbridge, Md.	(County) (State)
	24	SUNERAL DIRECTOR A DO CADDRESS 2So. REC'D BY REGISTRA		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

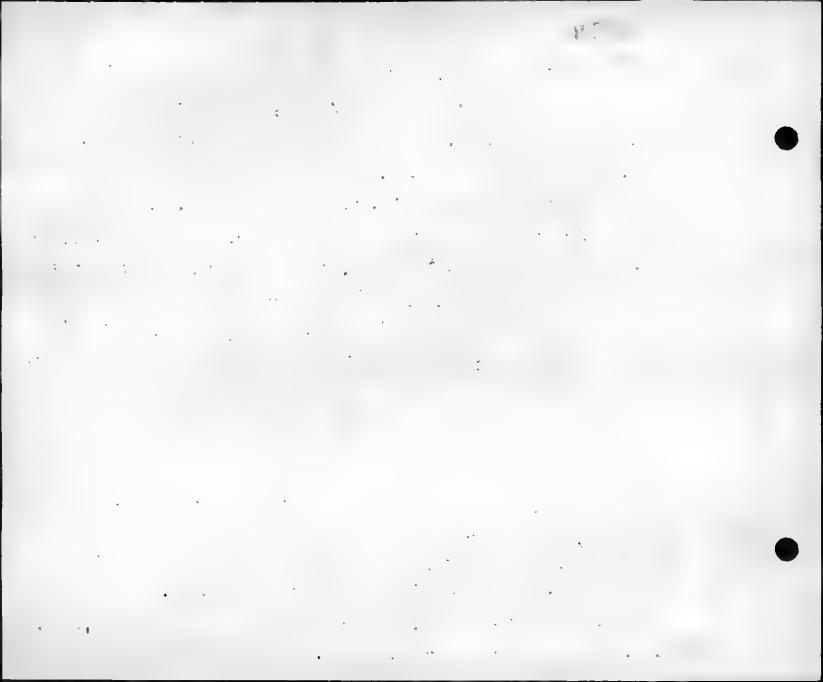
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					CEKITLIC	AIE UF	DEATH				17		-	
	CEASED-NAME	First		Middle		Last		20. 1	DATE OF DEATH		4		2b. I	HOUR
(1	ype or print)	MARY	•	I.	HUTCH	HISON			M	onth 1 C	Doy 25	Yeor68	7.	40P.N
3. SE.			4. RACE			5. DATE OF E	BIRTH		6. AG	E (In years			IF UNDER	
	Fema	le	Col	ored		May	15,	1890) 1051	purthday) YR	MONTHS	DAYS	HOURS	Min
o B	IRTHPLACE (Stote	ar foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9 COU	NTY OF DEATH			1		
TOOL	^{try)} Mary	land	U.S	.A.	WIDOWED		RCED 🗌		Carro	11 Cc	unty	У,		M
	ITY OR TOWN OF	DEATH		ME OF HOSPITAL OR IN treet address)	STITUTION (If r	ot in haspital			PATION (Kind			KIND OF B	USINESS	OR
	Mt. A			R.	D. 2		auring f	lous	orking life, av	en it fetired.	.)	OSIKI		
13a.	USUAL RESIDENCI	(Where decease	ad lived, if institution	on Residence before	1		13d INSIDE CITY		13e STREET AI	ID NUMBER				
PUSTI	ssion) STATE M	arylan	d 13P COUNTA C	arroll	Mt.Ai	ry	AE2 🗀 I	10,	R.	D. 2	>			
14. F	ATHER'S NAME	First	Middle	Lost	15	. MOTHER'S A	AAIDEN NAME		•	Middle			Lost	
		Olive		West			I	Imma	l			Holl	and	1
60. Y	WAS DECEASED S	VER IN U.S. ARM	or or dotay of ranges)	16b. SOCIAL SECURITY	_	NFORMANT				Address			_	
	es, no or unknow	",	. 2	<u>13-18-80</u>	008 Mr	· Mor	rgan I	lute	<u>hi son</u>	Sam	ie As	- 11 1	3	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY.												APPROXIMU BETWEEN ON		
-	PARI I. DE		TE CAUSE (o)(vonn	ty /	liras	nos	LI C	rcul	- 1				
	1964 Conditions, if only, which gove Due TO, OR AS ACONSEQUENCE OF The Conditions of only, which gove Due TO, OR AS ACONSEQUENCE OF The Conditions of only which gove Due TO, OR AS ACONSEQUENCE OF The Conditions of the Condition													
	Canditions, if or rise to immedi		(b)//	meluo	Re	near	of be	es.	01	vzlu	ular			
	stoting the und			A CONSEQUENCE OF	6/	B D						1-2:	5-6	8
	last	,	11/	iseise,	14,1	2/1/4								
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	IOT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN IN PA	RT 1(o)				
190 DATE OF OPERATION 190, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200 IF YES, WERE FINDINGS CONS										e contende	50 IN 650	T. F. 114.0		
CERTIFICATION	IYO DATE OF OPI	RATION TYD.	ONDITION FOR WHI	ITION FOR WHICH OPERATION WAS PERFORMED			CAUSE				2 COMPIDER	CED IN CER	HEYING	>
ERTH	21 a ACCIDENT	WAS UNDERLYIN	C last Time or	INTERNA	102. (1/				(:	4.1 04	0 10 10			
		G CAUSE OF DEAT	a	Month Day Year		OW INJURE OF	COKKED (EIII	er norure	of injury in Po	IT I OF POIT	2, Hem 15.	.)		
MEDICAL		medical examin			9	CATION F.	. 0.00		<i>C</i> 1				-	A
-	21d. INSURY OC While Not	while 21e.	PLACE OF INJURY	AT HOME, FARM, STREET FA OFFICE BUILDING, ETC	Zir. EC	KATION Stre	et or R.F.D. N	0.	City or Tow	n	Coun	Ty	2	tote
	at work at v	ork —	1 2 0 0	1 1 4 1	1.1	19	6 4/19		-/-	25	1968	ک دا -د ا	(1) (2.1
	ZZO. I Certif	y that (I) (thi	ive on	nded the deceas	led from			inian d	leath accurr				(I) (wi	
	causes	stated abave	, (I) (we) (did) (didnot) view the	body after	death.	ام (المعنى (۱۱	Attion 0	icam accom	su on me	date dife	2 11001 U	iiu iiu	1111 111
	22b. SIGNATURE	7/	16	7//	200	ATTEND	INC _/	MED.	C STAF		C. DATE SIC	GNED	/	
	L	HEYR	rd for	Hall	DEGR	EE PHYS.		DIRECTOR			1/2	26/	65	
	22d. PHYSICIAN' NAME (Type	S Dra	Harrand	E. Hall		22e. AD			2 - 10	3	/			
	savine (1 Mb)						рукез		le, Mo					
23o	BURIAL, CREMAT	ON, 23b (23c. NAME OF				23d.	LOCATION (CITY	,	(Cour	* /	etat2)	,
2.4	REMOVAL (Special Buria		2 <mark>9/1</mark> 968		Zion	Cemet		DV BEDI		arrol			Md.	
24. C	FUNERAL DIRECTO M W:		Box 241	, Sykesy		Ma	DATE JA	N S	9 1968	B REGISTRAL	R'S SIGNAT	UKE Que	ser.	
9	- T.T. 6.841	arivers .	DUA CTI	, Dynes	TTTG	PICLO	DATE OF	111 💪	n Indo	4	J. (J.)	VATO	0	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Teath artificate to executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician. à TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7%.

VR ATS (4) 30M REV. 1/68



STREET, BALTIMORE, MARYLAND 21201

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(1) L					EKIIF	ICATE OF	DEATH			0070	1
3 7 0 1 1 1 2 1 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2		CEASED NAME Firs		Middle		Lost		2a. DATE OF DEAT	(H Month Day	/ Yeor	26. HOUR A
L		SAN		ELAINE		JONES		_l	JANUARY	19, 1968	
[3	. SE)		4. RACE			5. DATE OF B		6. #	GE (In years	IF UNDER 1 YEAR IF	JER 24 HRS IOURS Min.
		Female	Negr	ro		3-17-	44	2	st birthdoy) YRS.	MONTHS DATS (VUN3 MHIS.
	a 8 count	IRTHPLACE (State or foreign	76. CITIZEN OF 1		8 MARRII	D NEVER MAI	RRIED A	9. COUNTY OF DEA			
		New lork		5 . A .	WIDOWE		RCED 🗌	Carr			Md
. 1		TY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	ITUTION (If nat in haspital	120 USUA	L OCCUPATION (Kine	d of work dane	12b KIND OF 8U	SINESS OR
L		ykesville	giv	e street oddress) Springfield	Stat	e Hospi	tal	ost of working life, o Domestic	even it retired)	INDUSTRY	
1	3a I	USUAL RESIDENCE (Where dece	sed lived, if instit	utian. Residence befare			13d. INSIDE CITY LI		AND NUMBER		
Ľ	CHEIL	Maryland	Baltir	nere Gity	Balt	imore	YES X NO	4345	Eutaw Pl	.ace	
4	4. F	ATHER'S NAME First	Middle	Lost		IS MOTHER'S M	AIDEN NAME F	irst	Middle		Lost
L	Willie			Jones			Ger	rtrude		Br	ooks
	160. WAS DECEASED EVER IN U.S. ARMED FORG			16b. SOCIAL SECURITY N		7. INFORMANT			Address		
L	1	es, no, ar unknown) (It yes give		None		Records	, Sprin	gfield S	tate Hos		
-		18. CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b), and (c))						APPROXIMAT BETWEEN ONSE	
	-1	PART J. DEATH WAS CAUS	ED 8Y: Fa IATE CAUSE (a)	r advanced	puln	onary t	ubercul	losis, ac	tive	_Month	8
-1	1	(1 in J-		AS A CONSEQUENCE OF							
Conditions, if ony, which gave (b) (b)											
-1		stating the underlying cause		AS A CONSEQUENCE OF							
- 1	last (c)										
	PART 2 OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CBS associated with convulsive disorder, with behavioral reaction										
ı	CERTIFICATION	19a. DATE OF OPERATION 198	CONDITION FOR V	HICH OPERATION WAS PER	FORMED	20a AUTO	OPSY?			ONSIDERED IN CERT	FYING
н	Ě					YES [NO X	CAUSES OF I	JEAIH?		
		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE	NG 21b TIME		21c.	HOW INJURY OC	CURRED (Enter	nature of injury in	Part 1 or Part 2,	Item 18.)	
ł	MEDICAL	(If either, natify medical exam	ATH HOUR A.W niner} P.W	. 19							
		While Not while at work	e. PLACE OF INJURY	OFFICE BUILDING, ETC.						County	State
-	П	22a. I certify that (I) (t saw the deceased	his hospital) of	tended the deceose	d from	11-15-0	5, 19	, to <u>l-1</u>	2-60_, 19.	, that (I) (we) last
	ŀ	couses stated abov	oltve on re, (I) (we) (did	1-19-00 19 (did nat) view the b	ody afte	ond thot in (mer death.	ny) <u>(our)</u> opi	nian death occu			d from the
		22b. SIGNATURE	del	Campse	DI DI	GREE PHYS	NG 🔲 M	ED. ST/	\FF 1771] _	DATE SIGNED	
,	ł	22d PHYSIC AN S					DRESDPTIN	gfield St		pital	
			tin del	Campo, M. I			Sykes	ville, Ma		21784	
2	30	BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE - 29-6	E NAME OF (74	OR CREMATORY		BAHO.		Mel	(State)
		UNERAL DIRECTOR	rinht.	ADDRESS	1 1/	D.A	250. RECD 8	V REGISTRAR	25b REGISTRAR'S	SIGNATURE	چو <u>.</u>

VR A15 30M REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The law majures that the death cartificate ba exarcuted within 24 haurs affer

Poge 4 may be retained by the hospital or ottending physician.



00702

126 KIND OF BUSINESS OR

Graham

BETWEEN ONSET AND DEATH

State

(State)

days

weeks

psychotic

County

22c. DATE SIGNED

NOUSTRY House

Lost

IF UNDER 1 YEAR

2b. HOUR

IF LINDER 24 HRS

a. M

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00702 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH funerol 1 ond 2 rer deoth Martha January Month 28 Day 168/ear (Type or print) Jane Keener requires that the dooth certificate be exacuted within 211 hours after defa ofter 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX ottending physician ond completely filled in by the f permit. Then please remove corbon papers. Poges on ar removal and in any event, within 72 hours ofte Female White 11-26-80 iosi(biythdoy) 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Pennsylvania U.S.A. Carroll DIVORCED [7] WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH State Hospita Muring most of working life, even if retired.) Sykesville Housekeeper ITY LIMITS? 136. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Washington 428 N. Locust Street iHagerst own 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Middle Andy Barron Mary Jane 16b. SOCIAL SECURITY NO. 17. INFORMANT Records 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknown) (If yes give war or dates of service) Springfield State Hospital, Sykesville, Md. 173-18-2704 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Bronchopneumonia right lung buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the buriol-tronsit p Gangrenous abscess lower right lung. rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause RARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART UG Chronic Brain Syndrome associated with senile brain disease with has been reaction. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town While Not while at work 220. I certify that (1) (this hospital) attended the deceased from June 11 , 1964, to January 28, 1968, that (1) (we) lost saw the deceased alive an January 28 1968, and that in (my) (our) opinion death occurred on the date and haur and from the be filed with the be retoined causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING DEGREÉ PHYS. PHYS Springfield State Hospital 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Glocrito G. Sagisi, M. D. Sylesvillo. director, should b Page 4 23b DATE 23c NAME OF CEMETERY OR CREMATORY A ION (Entrox Jown) 23a. BUR AL, CREMATION REMITOVAL (Specify)

VR A15 (4) 30M REV, 1/68 FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR 1968

2Sb. REGISTRAR'S SIGNATURE

(County).

January 28,1968



by the Conerol

onrs (

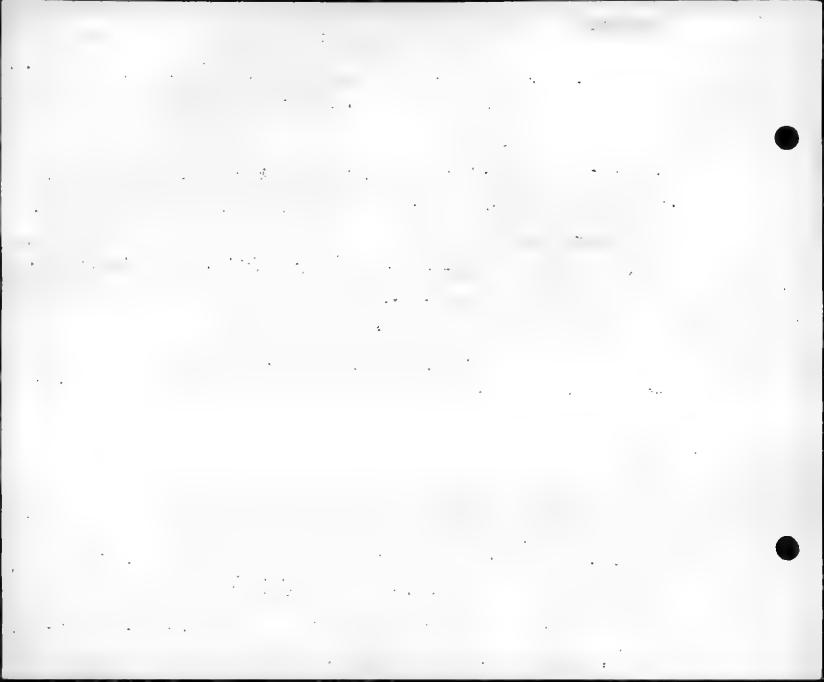
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Ī	DECEASED-NAME	First		Middle		Lost		20. DATE OF		Davi	V	2b N	our
	(Type or print)	MENDO	UHT	(NMN)	KI	HACHIGIA	N		Month January		1968	12:0	00
3	. SEX		4. RACE			S. DATE OF BIR			6. AGE (In years lost birthdoy)	IF U	THS DAYS	IF UNDER 24	4 HRS
L	Fema 1		White			10-6-18			79 "	YRS.	IIIJ OATI	110000	171111
17	o. BIRTHPLACE (State		7b. CITIZEN OF WHA		B. MARRIED	NEVER MARR	IED 🗀	9 COUNTY OF					
L	Turke	V	Turke		WIDOWED			Carro					N
1	O CITY OR TOWN OF		11. NAN	NE OF HOSPITAL OR INS		'			(Kind of work d		25 KIND OF NOUSTRY	BUSINESS C)R
	Sykesvil.		Spr.			Hospita	Д М с		ife, even if retire			ome	
- 1	30 USUAL RESIDENC	(Where decease	d lived, if institution	n: Residence before Montgomér	13c CITY O	R TOWN	YES X NO		EET AND NUMBE				
					r Silv	zer Spri	ng no	102	25 New I		hire		_
ا ز	4. FATHER'S NAME	First	Middle	Last		15. MOTHER'S MAI		irst	Midd	8		Last	
Į,		/	rbed	Donig	ian	Salt	an					Unk	4_
	60 WAS DECEASED I Yes, no, or unknow		a an datus of consumal	66 SOCIAL SECURITY N 220-54-692	22	Records.	Sprin	ozu 102 gileld	State I	kamp lospi	shire	Ave.	
Г				far (a), (b), and (c).)							APPROXII	MATE INTERVA MSET AND DEA	li.
1	PART I DE	ATH WAS CAUSED MMEDIA	IE CAUSE (a) Chr	onic rheu	matic	heart	liseas	8			Years		
1	DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if a rise to immedi		(b) Mi	tral sten	osis							<u>Gars</u>	
storting the underlying couse Due TO, OR AS A CONSEQUENCE OF													
ı	(c) Bilateral interstitial bronchopneumonia)ays	1.3
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLY NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CBS cerebral arteriosclerosis, with psychotic reaction										assoc	• Wl.	th
										ICS CONSI	DEDED IN CO	DTIEVING	_
П	9a. DATE OF OPI	KAHON 17B. C	ONDINON FOR WHICH	II OFERATION WAS FEE	CFOKRIED	YES 🔯	NO 🗆		OF DEATH?	Yes	DEKED IN CE	KIIFIINO	
	210 ACCIDENT	WAS UNDERLYING	216. TIME OF I	MILIDY	21/	HOW INJURY OCCU		nature of inur	u in Port I or Po		1B \		
_		CAUSE OF DEATH	HOUR A.M.	Month Day Year		TOW INJUNE OCCU	KKED (CITIES	motore or miles	y IN PULL TO FE	i z, nem	10.1		
П	OR CONTRIBUTION (If either, natify 21d, INJURY OC	medical examin		T HOME FARM STREET FAC		LOCATION Street	or PED No	filsi	ar Town	C	ounty	Sta	ata .
П	While Not at work	vhile 7	the or mook! (a	T HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	7 211	OCATION SHEET	OI KILD NO.	City	ui iQWii		AOINT	,JIQ	i d
1	22a L certif	that (1) (this	haspital) atten	ded the decease	d fram	6-26-6	19	tol-	L/1-68	19	that	(I) (we	1 10
П	saw the	deceased al	ve an	ded the decease	9, aı	nd that in (my) (aur) apii	nian death a	ccurred on th	e date c	ind haur	and fran	ក់ វា th
П	canses	stated abave	(I) (we) (did) (d	lid nat) view the l	oady after	death.							
ı	22b SIGNATURE	t- d	0000	po S	DEC ECC	ATTENDING	, m	ED IRECTOR	STAFF DE	22c DATE	SIGNED 5-68		
1	22d PMYSICIAN		cr cpm		/ DEC	I 224 ADDR			PHYS. Edite				
	NAME (Type		tin del (Campo, M.	D.	226. ADDR			Marylan		17.84		
7	30. BJRIAL, CREMAT		ATE	23c NAME OF	CEMETERY O	R CREMATORY			N (City or Town)		aunty)	(Stote)	
	BINOVAL (Special		17. 1968	Port Li	ncoln	Cemete			George	Com	nty, 1	Md.	
1	4. FUNERAL DIRECTO		Thomas		igia A	lue,	. I A N .	Y REGISTRAR	256 REGIST		_		
+	Warner E.	Pumphr	ey. Inc.	Silver St		Md.	DATE	2 2 196	o acce	MEC	Judg	-Contract	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon paper should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 Page 4 may be retained by the haspital or attending physician.



00704

MARYLAND STATE DEPARTMENT OF HEALTH

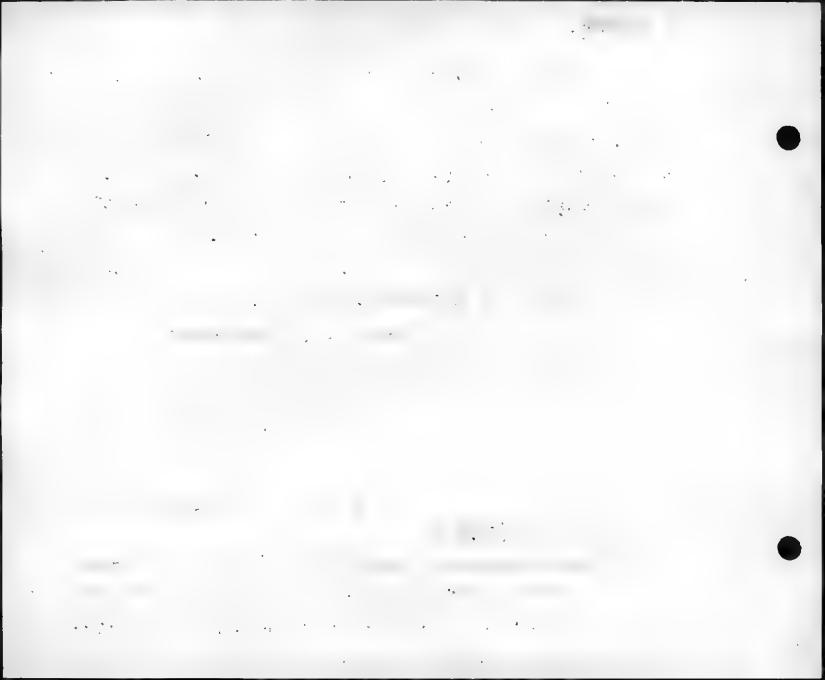
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE OF DEATH 00704						
	ECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH Month Doy	Yeor 26. HOUR			
	CLAIKI		KING	JAN. 24	68 11 AM			
3 5	FEMALE	NHITE	S. DATE OF BIRTH	879 6. AGE (In years 1 lost birthdoy) SS YRS.	MONTHS DAYS HOURS MIN			
70 (0)	BIRTHPLACE (State or foreign 7b. ARROLL CO, MI)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	GARROLL CO				
	TY OR TOWN OF DEATH	U-S-A.	WIDOWED Z	JAL OCCUPATION (Kind of work done	HILL			
1	VESTMINSTER	give street oddress) CARPOLL CO	O. G. EN. HOSPK &	nost of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY			
13e. odm	USUAL RESIDENCE (Where deceosed I	ived, if institution Residence before 13b COUNTY ARROLL	13c CITY OR TOWN 13d. INSIDE CITY WESTMINSTER YES P		S7.			
14.	FATHER'S NAME First	Middle Lost	15. MOTHER S MAIDEN NAME		Lost			
! 	WILLIAI							
	was deceased ever in U.S. ARMED (es, no, or unknown) (If yes give wor or			Address No. E-HIVELY 322 STO	ESTMINSTER MD			
-	ID CALICE OF BEATH (E-t c-lu -	To any a real line for (a) (b) and (a)	11/1/3,47-1,271 6		APPROXIMATE INTERVAL			
	PART I. DEATH WAS CAUSED BY		atra Corcus		BETWEEN ONSET AND DEATH			
	17./ IMMEDIATE			trippetter.				
	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	A M	the location				
ŀ	rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	wanone of	Ch_ / Collect				
	stating the underlying couse	(c)	·					
	PART 2 OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART Y(a)				
	17			Total Vision Me same (a)				
JOI.	190. DATE OF OPERATION 196. CON	DITION FOR WHICH OPERATION WAS PERF	ORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING			
TECAT			YES NO E	CAUSES OF DEATH?				
CERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, 11	tem 18.)			
MEDICAL	OR CONTRIBUTING (AUSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Month Day Year P.M. 19						
ME	21d. IN.URY OCCURRED 21e PLA While Not while 1	CE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			County State			
	22a. I certify that (I) (this h	aspital) attended the deceased	fram 9 7. , 19.	68, 10 Jan 24, 191	6 9 , that (I) (we) last			
	saw the deceased alive	an 2 19	Y, and that in (my) (aur) ap	(F, ta San 24, 19) inian death accurred an the dat	e and haur and fram the			
	22b. SIGNATURE	(T) (aley) (T) view the ba	Jay arres deutit.		ATE SIGNED			
	220. STOTIAL ONE	allegation 1		MED STAFF DIRECTOR PHYS. D	7 colo —			
	22d. PHYSICIAN'S	1. 1800000	22e. ADDRESS	DIRECTOR - PHIS	-4/28			
	NAME (Type) 364	N S. HARSHE		her St. Wester	moter, and			
230	BURIAL, CREMATION, 23b. DATE		METERY OR CREMATORY	23d. IOCATION (City or Town)	(County) (State)			
1	REMOVAL (Specify)	27/68 NRII	ERS CEMETER	OF RURAL WESTM	INSTER MD			
	FUNERAL DIRECTOR	ADDRESS	2So. RÉC'É	BY REGISTRAR - 2Sb. REGISTRAR S :	SIGNATURE			
	2-15. Szanacha V	1 In p-tracecati	1 2/ I I I I I I I I I	N 2 9 1968 Volla	reas Judge			

VR A

O HOSPITAL OR ATTENDING PHYSICIAM The low requims that the Death certificate be executed within 24.

Page 4 may be retained by the hospital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00205

	17.0 4 0 17			CERTIFIC	ATE	OF .DEATH		.,		
	1 PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	Carroll			MARYLAND		o. STATE Maryland b. COUNTY A			llegany	
		b. CITY OR TOWN (If outside corporate limits,					tside corporate limits, write RUR			
	write RURAL and give neg	write RURAL and give negrest town)						5	,	
		duralSykesville				d. STREET ADDRESS	<u>a</u>		e IS RESIDENCE	
^		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi							ON A FARM?	
` '		pringfield State Hospital				607 Hend		YES NO DE		
	3. NAME OF DECEASED	First		Middle		Last	4 DATE Mont	.h D	ay Year	
-	(Type or print)	Jenni	le M			itzburg	DEATH 1		15 19 68	
3			MARRIED	NEVER MARRIED	□ 8	DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months Days		
1	female whi		IDOWED 🕱	DIVORCED [01/02/1886	yıs yıs	<u> </u>		
	10o. USUAL OCCUPATION (Give kind	d of work done	10b KIND O INDUSTI	F BUSINESS OR		, ,	& State, or foreign country)	12 CITIZEN COUNTRY	V 3	
	during mast of warking life, even in the nousewife.	remedi	OWAV	HOME		Maryland		CODNIK	USA	
	13 FATHER'S NAME				14 MOTHER'S MAIDEN I	IAME				
	George Braile	r, Sr.				Emma C.	Durbin			
	IS WAS DECEASED EVER IN U.S. A	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S			17. INFORMANT Address					
	(Yes, no, or unknown) (If yes give	war ar dates of serv	21/1-	46-3573	Spr	ingfield Ho	spital record	s. Sykes	ville.Md.	
	Conditions, if any, which gave inserting to immediate cause (a), stating the underlying cause (b) Local Conditions of the underlying cause (b) Local Conditions of the underlying cause (c)								NTERVAL BETWEEN OMSET AND DEATH	
5	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AJTOPSY PERFORMED? VES NO EXCEDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 TIME OF INJURY Month, Day, Year Hour a.m. 201 While Not While factory, Street, office bidg., etc.) 19 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART I(a) 19 WAS AJTOPSY PERFORMED? YES NO EXTENDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 19 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (b) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (b) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 10 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 11 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) 12 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) YES NO EXCELLENCE IN PART II (a) 12 WAS AJTOPSY PERFORMED? YES NO EXCELLENCE IN PART II (a) YES NO EXCELL									
	Hour a.m.	19	While at work	Not While at wark	10010	ry, street, office bldg., etc.)				
,	saw the deceased 220. SIGNATURE 220. SHYSICIAN'S	M.D ATTENDING MED DIRECTOR STAFF PHYS. PHYS.								
	23a BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23	C. NAME OF CEMETER	Y OR C	REMATORY	23d. LOCATION (Eity of To	wn) (Coun	nty) (State)	
	BURTAL	JAN. 18, 1	968 S	T. PATRIC	KS.	CEMETERY	CUMBERLAND			
	Of FUNCTOR DIRECTOR	GHZ.		ADDRESS	1	2Sa RECT	BY REGISTRAR 256 RE	GISTRAR'S SIGNAT	TURE CANCELL	
	100	T. A	4		011	TOTAL DATE	THE THE PROPERTY	A COLOR	CALL MANAGEMENT LANG	

after death. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physicion and completely filted in by the feeture director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be should be filed with the State Dept of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after deaf TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 moy be retained by the hospital or attending physician. VR A15 (4) AND TANK GIAN INGANI

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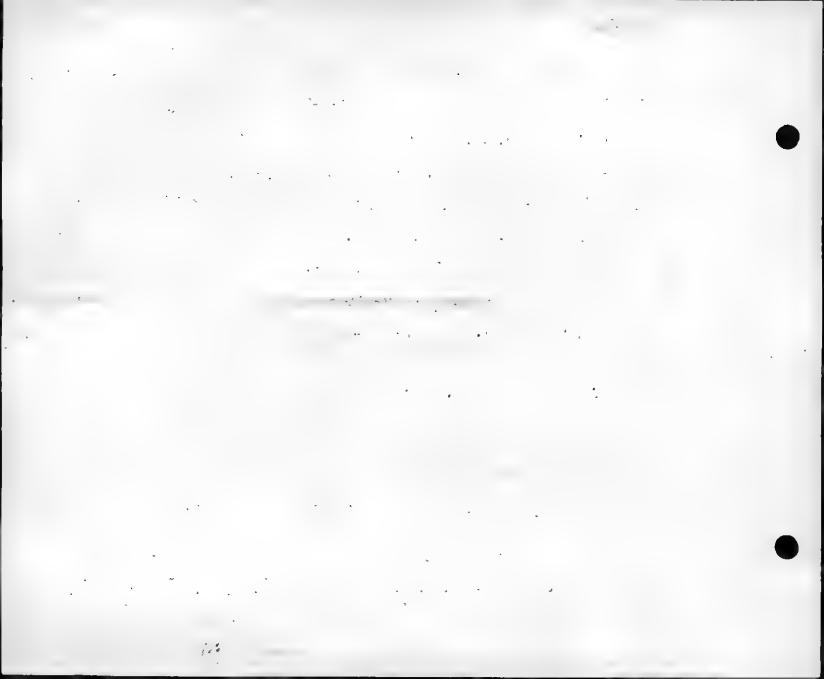
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00706

L		-				ERTIFICA	ATE OF DEA	TH.				
Ī		ECE ASED-NAME	First		Middle		Last	20.	. DATE OF DEATH	_		2b. HOUR
ı	(1	ype ar print)	THELM	IA .	DOROTHEA	L	AWRENCE		JANUAR	^{Σογ} 3Ω.	1968	
3	s. Se	X		4. RACE		5	. DATE OF BIRTH		A AGE (In years	IF UND	ER I YEAR H	F JHDER 24 HRS
ı		Female		Ne	gro		7-2-05		last birthday)	RS. MONTHS	DAYS	HOURS MIN
7	G. B	BIRTHPLACE (State o	r foreign 7	TO CITIZEN OF WI	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH			
ľ	COUN	Maryla Maryla	nd	U.S.	A .	WIDOWED		j Ca	rroll			Md.
Ī		ITY OR TOWN OF D			AME OF HOSPITAL OR INS	TITUTION (If nat			CUPATION (Kind of work do		KIND OF BU	JSINESS OR
ı	S	Sykesvill	е	\$pr	street address) ingfield S	tate H	ospital du	Teach	working life, even if retired 13 T	I.) INU	USTRY	
			Where deceased	lived, if instituti	ion Residence before	Pac. CITY OR 1		DE CITY LIMITS?	13e STREET AND NUMBER	100 2 2	ъ.,	
Ĭ	Ма	ryland		Baltimo	re-City	Baltir	nore YES	NO []	3100 Gwynn		Park	way
ľ	14. F	ATHER'S NAME	First	Middle	Last	1\$.	MOTHER'S MAIDEN	NAME First	Middle			Last
L		2.450	rthur	L.	Johns			Edit			Wi	llson
ľ	16a. Y	was deceased even es, no, or unknown) NO	R IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY N		FORMANT		Address			
Ŀ		No.			331-34-58	77 Rec	cords, Sp	ringfi	eld State Ho	spi ta	APPROX.MAT	TO MATERIAL
ı					ne for (a), (b), and (c).)						BETWEEN ONSE	
ı		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute myocardial infarction									Minu	tes :
ı		410,9 DUE TO, OR AS A CONSEQUENCE OF										
L	Conditions, if any, which gave (b) Occlusion of coronary artery									۸ .	Min	utes
ı		stating the under		DUE TO, OR A	AS A CONSEQUENCE OF							
ı		last. 42(1	,	(c)								
l					ing io death but no Bychotic re			'ZE OK CONDIT	TION GIVEN IN PART 1(a)			
l	NO.	i 9a. DATE OF OPERA			<u> </u>		20a. AUTOPSY?		206. IF YES, WERE FINDING	S CONSIDE	DED IN CEDI	TIEVING
						CAUSES OF DEATH?						
ı	CERT	21a. ACCIDENT W	AS LINDERLYING	21b TIME OF	FINITRY	21c HOV			re of injury in Part 1 or Part			
		OR CONTR BUTING	CAUSE OF DEATH	HOUR A.M.	Manth Day Year		The second	(Elstor Rato)	to at injury its run t as run	2, 110.11	7	
l	MEDICAL	(If either, natify n 21d. INJJRY OCCU	DDED 21a D	r) P.M.	AT HOME, FARM, STREET, FAC		ATION Street or R	E.D. Na.	City or Town	Caur	ity	State
l		While Nat wh	ile [==]		OFFICE BUILDING, ETC.	7	3,700, 07,11				.,	
ı				hospital) atte	ended the decease	d from 2	2-15-66	. 19	, to_1=30=68	19	, that (I) (we) las
ł		220. I certify that (I) (this hospital) attended the deceased from 2-15-66, 19, to 1-30-68, 19, that (I) (we) lass saw the deceased alive on 1-30-68 19, and that in (my) (our) opinion death accurred on the date and hour and train the										
l			oted above,	(I) (we) (did)	(did not) view the	oody ofter di	eath.					
ı		22b. SIGNATURE	with	- 200 C	James.		ATTENDING C	- MED	CT STAFF CER	2c. DATE SI 1-30		
l		22d PHYSICIANS	MOVEN	coc (envergee.	DEGRE	1 131 2	DIRECTO	field State			
ı		NAME (Type)	Agusti	n del Ca	ampo, M. D				ille. Maryla			
ļ	22.0	BURIAL CREMATIO			23c. NAME OF (L_LOCATION, (City or Town)	{Cau		(State)
ľ	zou	REMOVAL (Specify)		3-68	Ed a la		EMORIAL	Qt. 1.	32 (timer 2	/V	in y	fainel
1	24	FUNERAL DIRECTOR	~		ADDRESS	7		RECID/BY REG				
1	4	Julliva A	Luner	al Hom	e -1011-131	6 Holin	to An Offe	FF 1	1968	read	Judge	-
do	_	C 7 1 1 1 1 1 1 1 1 1	1	7 7 7 80	4 / / /	1 1 1 1 1 1 1	4 - 1 / 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. "Fages should be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 baurs of Page 4 may be retained by the hospital or attending physician. JOM REVSTA

funeral and

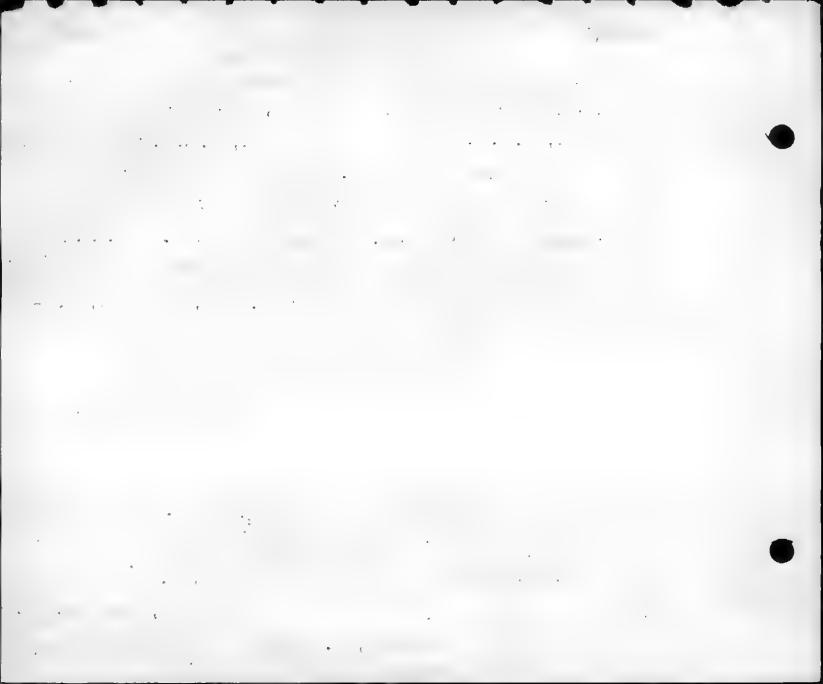


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removal carban papers—Rages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR AIS (20M 1/65)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4	a. COUNTY Carroll MARYL	1	a. STAT Maryland b. COUNTY Carroll						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural, Westminster Life		CITY OR TOWN (If o	utside corporate ilmits, write RURAL estminster					
ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad-	ress) d.	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?						
	Westminster, Md. R. D. 1		Westminster, Md. R. D. 1 YES NOW						
	3. NAME OF First Middle DECEASED (Type or print) Annie Kate	Lep	ро	4. DATE Month OF January	Day Year 9 19 68				
/	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED PHONE DIVORGED	_ _ ,	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7/2/1872 95 ast birthday) Months Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housework 10b. KIND OF BUSINESS OR INDUSTRY Her own home.		11. BIRTHPLACE (County & State, or fereign country) Carroll County, Md. U.S.A.						
	13. FATHER'S NAME George Bowman	14	. Mother's maide Carol	N NAME Line Willet					
	15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, er emkown) (If yes give war er dates of service) No No	17. INFO		Address Leppo, Westminste	r, Md. R-1				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ailu	re	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	L ex	clele	rosis					
į	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRELATEO	TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
		OCCURRE	D. (Enter nature of I	injury in Part i or Part il of Item 18	.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour a.m. While p.m. 19 at work at work	e. PLACE 0 factory, si	OF INJURY (Home, fari treet, office bldg., etc	m, 20f. (City or town) (Cou	unty) (State)				
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on December 19 67, and		une , 19 ath occurred at 3:	M, from the causes and on t					
	22a. SIGNATURE Enclose Wilher	"M.O. F	ATTENDING MI	ED. STAFF 22b. D	/68				
1	22c. PHYSICIAN'S NAME (Type) E. Reese Wilkens		22d. ADDRESS Westm:	inster, Md.					
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CENTRE BUT121 1/11/68 St. Marys		ery	23d. LOCATION (City, town or co Silver Run, Carro	11 Co., Md.				
1	TOWNER A. JULIE Littlestown	, Pa.		D BY REGISTRAR 25b. REGISTRAR 1 1 1968 Miland					



06708

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00708

						•						
	CEASED-NAME (irst LDA	M'ddle	MAC	DORMA.	20. D	ATE OF DEATH	Doy 2/	Yegr 68	2b. HOUR		
3. SE	FEMALE	4. RACE	175		DATE OF BIRTH	189	6. AGE (In lost birth	yeors day) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN		
COUC	CITOINA RCO. U	7b. CITIZEN OF WH	a.	WIDOWED Z	<u>-</u>	CA	HTY OF DEATH /	Co.		Md		
h	ITY OR TOWN OF DEATH ESTIMINS TEX	give s	ME OF HOSPITAL OR INS treef oddress)	15 57	during	most of w	PATION (Kind of wi orking ife, even if - M/F	retired)	126 KIND OF INDUSTRY	BUSINESS OR		
	JSLAL RESIDENCE (Where de Ission) STATE MARY	ceased lived, it institutes the country	on Residence before	13c CITY OR TO	/		13e STREET AND NU 94 N/2		57.			
14	ATHER'S NAME First	ETON Q	CORBYN		OARRIE		ASSEY	Middle		Lost		
	WAS DECEASED EVER IN U.S. (15 yes)	ARMED FORCES	16b SOCIAL SECURITY N		ORMANT S. <i>SABRA</i>	- C./	KITTNER	Address &	AME	r		
	18. CAUSE OF DEATH (Ente PART 1. DEATH WAS CA	r only one couse per lin USED BY. EDIATE CAUSE (o)	A1		ROTIC K	he an	+ Disc	acre	APPROX BETWEEN O	MATE INTERVAL DISET AND DEATH		
	Conditions, if ony, which go nse to immediate couse (stating the underlying cou lost.	DUE TO, OR A	S A CONSEQUENCE OF									
N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	FING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE O	R CONDITIO	N GIVEN IN PART 1((0)				
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDING CAUSES OF DEATH?								INGS CONSIDERED IN CERTIFYING			
MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex	DEATH HOUR A.M	INJURY Month Doy Yeor		INJURY OCCURRED (En	nier noture	of snjury in Port 1	or Port 2, it	em 18.)			
ME			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D. I	No.	City or Town		County	Stote		
	couses stated ab	(this hospitol) otte d alive an ove, (l) (we) (did) (1//6	9 <u>62 8</u> , and t	hot in (my) (our) o ath.	pinion d	eath occurred o	/, 19 <u>_</u> in the dat	e and haur	(I <u>) (we)</u> los and fram the		
	22b. SIGNATURE	ut J.1	nocu	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF C	22c. D	ATTYSIGNED/	P		
23o.	NAME (Type)	3b DAŢE	/ 23c NAME OF	CEMETERY OR CR		23d.	LOCATION (City or Ti	own)	(County)	(Stote)		
L	BEMOVAL (Specify) FUNERAL DIRECTOR	1/23/6	BRITZ ADDRESS	TNGHA	M CEM.	BY REGIST	EN CHUR	PCH-	1/	A-		
(2.2. miner	0. A. 11.	Ammite	- ma			4 1968	Mila		المالية		

VR A15 (4) 30M REV, 17

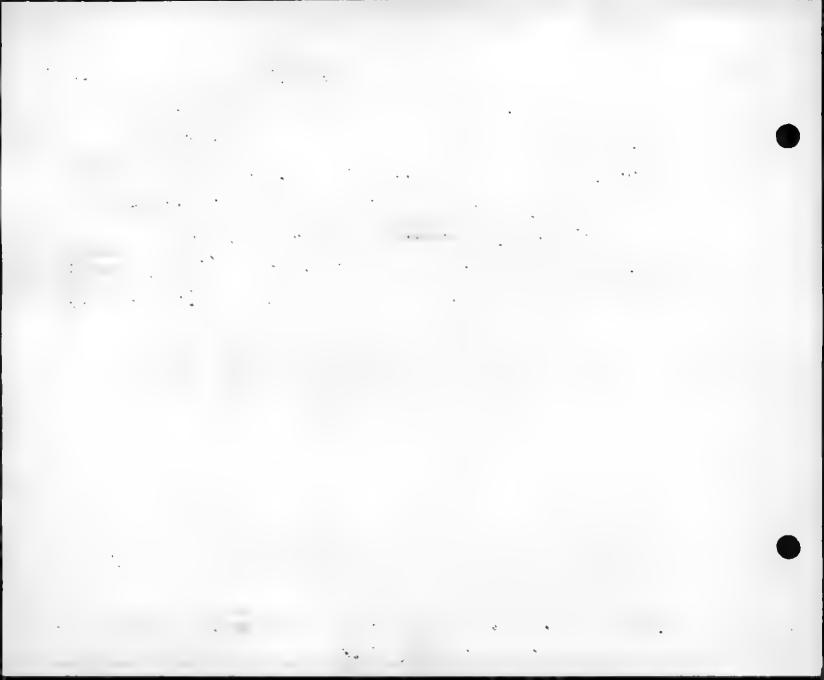
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Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban gaper shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72.

the oges

papers.



0 VR A75 (4) 30M REV 1/68

24. FUNERAL DIRECTOR

23b DATE

22d. PHYSURAN'S

23a. BURIAC, CREMATION,

NAME (Type)

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

22e, ADDRESS

23d LOCATION (City or Town) (County)

(State)

2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ocharles Jud DATE ... 29 1968

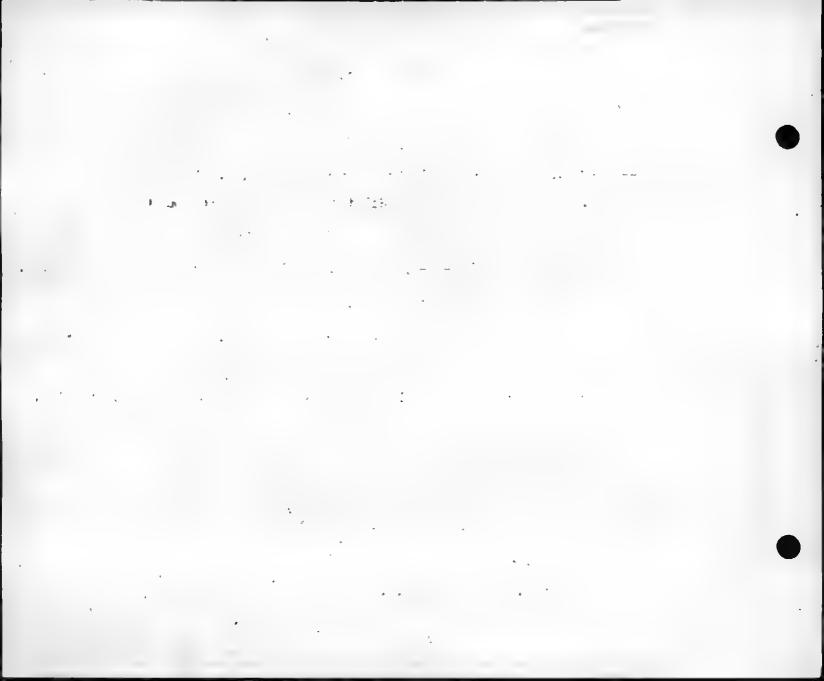


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00710 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type or print) 12 Day signed by the attending physician and campletely filled in by the fune d burial-tronsit permit. Then please remave carbon papers. Pages * 40a Month Texie Elpha McDonald offer 5 DATE OF BIRTH 3 SEX 4 RACE 6 AGE (In years IF LINDER 1 YEAR last birthday) female white 1/26/95 haurs law requires that the death certificate be executed within 24 hours 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) West Virginia USA WIDOWED 52 DIVORCED [7] Carroll within 72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast at warking life, even if retired.) housewife give street address) Springfield State Hospital Rural -- Sykesville 13a, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 136/CITY OR TOWN 13d. INSIDE CITY LIMPS? 13e, STREET AND NUMBER admission) STATE 13b COUNTY YES 😓 Baltimore NO 3142 Abell Avenue and in any 14. FATHER S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle Oliver Harman George Margaret 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (III yes give war or dates of service) Yes, no, ar unknown) 235-30-2317 Springfield Hospital records, Sykesville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bronchopneumonia. days IMMEDIATE CAUSE (a) __ crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Gangrenous abscess of right lung. weeks rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior tal Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction. Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES V NO 🗆 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify medical examiner) P.M. etached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at work 220. I certify that 20 (this hospital) attended the deceased from 10/19/, 1961, to 1/12/, 1968, that 30 (we) last court the deceased alive an 1/12/ 1968, and that in (1967) (our) opinion death occurred on the date and from the couses stated above, (we) (did) (diaknot) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR X 1/12/68 DEGREE PHYS. director, page should be filed PHYS Springfield State Hospital 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) N. Buyukunsal Naci Sykesville, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION (County) (State) REMOVAL (Specify) CEMETERY

VR A15 (4) 30M REV, 1/68 24. FUNERAL DIRECTOR

250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

WM. COOK-BROOKS INC. BALTO, Md. 21202 DATE JAN 15 1968 KCharles Junga



4 1 36711

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use os the buriol-transit permit. Then pleose remove carbon papers. Pages help-ball be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after

30M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00711

ш		CERTIFICATE OF DEATH										
ľ		CEASED-NAME First Middle Lost 2c. DATE OF DEATH ype or print)	Yeor 2b HOUR									
		JOSETH J. MILLER JAN 14	68 10 F									
1	3. SE		IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI									
ŀ	7. n	MAIE WHITE MAY 19-17/1 50 YRS										
ľ	OUN COUN	INV. O										
H	0 (11) OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR									
1		during most of working life even if ratired	I INDUSTRY									
ŀ	30.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIGE CITY UM 137 13e. STREET AND NUMBER	HOME.									
	dmi	ssion) STATIONAY LAND 136. COUNTY CARROLL WOODDINE YES NOW BRADOCK.	Rd.									
	14. F	ATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost									
ŀ		David MillER LUIA HARTSO	داد									
ı		WAS DECEASED EVER IN U.S. ARMED FORCES? (1) yes give was or dates of service) (1) yes give was or dates of service) (2) yes give was or dates of service) (3) yes give was or dates of service) (4) yes give was or dates of service) (5) OR - 3991 (6) SOCIAL SECURITY NO. (7) INFORMANT Address Address	12.1									
ŀ	-1		APPROX MATE INTERVA.									
	- 1	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Recurrent Coronary Occlusion	BETWEEN ONSET AND GEATH Sudden									
١	- 1	Duddell										
	- 1	8/12/67										
ı	1	Conditions, if ony, which gove it is to immediate couse (o). Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
ı		lost. 4 2 (c) Chronic heart failure	8/12/67									
ı		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
1	NO.	Pulmonary edema										
1	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING									
1		210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, 1	item 18.)									
J	S	☐ DR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19										
l	WED	21d. INJURY OCCURRED While Not while of twork 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Gity or Town	County State									
ı		22a. I certify that (I) (this haspital) attended the deceased from Sept. 7, 19 67, to Nov. 4, 19 saw the deceased alive an Nov. 4, 19 / 2, and that in (my) (cor) opinion death accurred on the day	67, that (I) (we) I									
ı		saw the deceased alive an NOV • 4 1927, and that in (my) (our) opinion death accurred on the da causes stated abave, (I) (we) (did) (did nat) view the body after death.	te ond hour and from t									
ı		226 SIGNATURE Sain Gunden esse degree PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS DIRECTOR DIRE										
		22d. PHYSICIAN'S 22e. ADDRESS										
f		NAME (Type) Sani Okutman, M.D. Obrecht Road, Sykesvill	.e, Md.									
ſ	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)									
		JURIA! 1 10 00 10000 SARTHERE KILLON (1) (1)	Howand M.									
		FUNERAL DIRECTOR STORY - STACK ADDORESS ELICE H CITY, Md. DATE JAN 188196836. REPORTS ADDORESS ELICE H CITY, Md. DATE JAN 188196836. REPORTS	The Judge.									
10.	F	The state of the s	4/ V									



MARYLAND STATE DEPARTMENT OF HEALTH





1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00714
HEALTH DERT.		ECEASED-NAME First Middle Lost 2a DATE KNOWNTED Month	Day Yeps 2b HOUR
N 0 9 1		Type or Print) MERVIN DAVIS MILLS OF ESTI-	2-EN 3/9
elay i	3 S	(gst buffingsy) MONTHS GAYS MONTHS MIN Manuals D	Year 10 3/Z
2 1 3	E.	lale White May 22, 1896 71 yrs	188 17 M
E		8 RTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 1/9	Mai
Pages with fo		TV OR TORRU OF DEATH	126 KIND OF BUSINESS OR
after death 8. Give Page alang with with the Star		aneytown Rural To both or bearing most of working life, even if refired) Farmer	NDUSTRY Farming
haurs after de Item 18. Give F Office alang w I and 2 with the after death:	13 a	USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d IMSDE CITY LIMITS? 13e STREET AND NUMBER	
hours (Office of and 2 v	⊨	dmission) STATE Laryland 3b. COUNTY Carroll Taneytown YES NO E Route # 1 ATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	
Item Office Office	14, 1	Mervin Hills Gertrude	Davis
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
s within 7 within Examiner Examiner File page	L i	(ss na, drunknown) (Hyss give wor or doles of service) 218-07-7041 lirs. Dorothy D. Chamberlin, Tane	
be executed with pending in pencief Medical Exami isef Medical Exami insit permit. File po event within 72 h		18 CAUSE OF DEATH (Enter only one cause per the for Ca), (b) and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL RETWEEN ONSET AND CEATY 7
e execution pending of Medic		, IMMEDIATE CAUSE (a)	Lougel
be exe pendinet Me nief Me unsit pe		Candinans, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	Sovern/
ward ward the Ch rial-tra		nse to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	1
shauld be executed in ward 'pending is the Chief Medical build-transit permit.	-	lost. (c)	
This certificate shauld be executed icate, writing the ward 'pending is be forwarded to the Chief Medical discussed as a burial-transit permitar remayal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)	
certificate writing th rwarded t sed as a b naval, and	NS I	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D AUTOPSY?
his certinate, write forwal	CERTIFICATION	WAS PERFORMED?	YES NO
*		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, if PR MARY OR CONTRIBUTING HOUR A.M.	iem 18)
JNER: Tie certifice should by files. 3 should by ortion, or	MEDICAL	CAUSE OF DEATH P.M 19	
EXAMINER: ute the certage 4 shauld your files. Page 3 should, cremotian,		21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white Not whate At work At	Caunty State
		22a. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry	7, and in my apinian
ICAL E executor. Payed for CTOR: CTOR: burial,		death resulted from: Natural causes A. Accident . Suicide . Homicide . Undetermined manner	, ,
lease direction of the control of th		ACTUAL PROPERTY STATE OF STATE	_
Y. P. Pringle Pringle		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	SIGNED 68
o DEPUTY necessary, pl the funeral of S may be re o FUNERAL I Health prior		EXAMINER'S NAME (Type) W. Glenn Speicher DEPUTY MEDIÇA. EXAMINER DE STUDIE TOPEN AND STUDIES TO STUDIES TO STUDIES TOPEN AND STUDIES TOPE	of Corrago
TO DEPU necessor the fune 5 may to TO FUNER	230	BURIAL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town)	(County) (State)
_		Burial 1/5/68 Glenwood Cemetery Washington, D.C.	
VR A15ME (5)	24	ADDRESS 250 REC'D BY REGISTRAR 250. REGISTRAR STANDARD ST	SIGNATUR
10M REV. 1/68	1	Kult. Skele. O. Fuss & Son, Taneytown, Maryland JAN 5 1968	0



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a≡d campletely filled in by the "Unefal director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Poges 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deqta TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3671:				CHILLA		DEATH				007	
. DECEASED-NAME (Type or print)	First		Middle		Lost		2a. D	ATE OF DEATH Month	Day	Year	2b. H
(Tipe or pinn)	Howard	i	Ray	M	oats			1	31	. 68 	3:1
SEX		1. RACE		S.	DATE OF E			6 AGE (In years		UNDER I YEAR	IF UNDER 2
Male		White			1-23	-1887		last birthdoy)	rs. m	DAYS DAYS	HUUKS
a. BIRTHPLACE (State a	r fareign 7b.	CITIZEN OF WHAT CO	UNTRY? 8.	MARRIED 📆	NEVER MA	RRIED	COUN	ITY OF DEATH			
Marylar Marylar	nd	U.S.A.		IDOWED 🗔		RCED 🗀	Car	rroll			
O. CITY OR TOWN OF D		11. NAME OF	HOSPITAL OR INSTITU	TION (If nat i	n hospitol			ATION (Kind of work do		12b. KIND OF	BUSINESS
Sykesville)	give street o	nefield S	tate F	lospi	during mo	st at w a rme	arking life, even if retire	d)	INDUSTRY	
3n USUAL RESIDENCE (Where deceased I	ved if institution. Re	sidence before 137	CITY OR TO	WN	13d. INSIDE CITY UM		13e STREET AND NUMBER			
dmission) STATE Mary	land	136. COUNTY Washir	ngton V H	agerst	own	YES NO	x	Route #2			
4. FATHER S NAME	First	Middle	Lost			IAIDEN NAME Fi	rst	Middle)		Lost
He	nry	_	Moats			Su	san	_		D	avis
60 WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 166. S	OCIAL SECURITY NO	17. INFO	RMANTR			ringfield 48	tate		
Yes, na, ar unknawn)	(If yes give war or	22(0-26-0172					Maryland 2			
	ATH (Enter anly a	ne couse per line for	(o), (b) and (c).)							APPROXI	MATE INTERVI NSET AND DE
PART I. DEATI	H WAS CAUSED BY	AUSE (o)								HOurs	
4109		DUE TO, OR AS A CO								1	
Canditions, if ony,			e myocard	14-7 4						Hou	פינו
rise to immediate stating the under		DUE TO, OR AS A CO	ONSEQUENCE OF	(18.J J.	HI arr	tton —					44.57
lost.	Ifing Coose	(d Bron	chopneunc	nn1s						Da	īV
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										-	
+4201											
190. DATE OF OPERA	TION 19b. CON	DITION FOR WHICH OP	ERATION WAS PERFOR	RMED	20a AUT	DPSY?		206. IF YES, WERE FINDING	GS CON	SIDERED IN C	RTIFYING
E			THE STREET STREET		YES NO CAUSES OF DEATH?						
	S UNDERLYING	216. TIME OF INJUR	RY	21c. HOW	INJURY O		noture	of injury in Port 1 ar Port	t 2, Itei	m 18.)	
OR CONTRIBUTING		HOUR A.M. Mor	nth Day Year			,				·	
	RRED 21e. PLA	CE OF INJURY (AT HOM) 21f LOCA	TION Stre	et ar R.F.D. No.		City or Town		County	Str
While Not who of work of war	ile 🗆	/ OFFICE	BUILDING, ETC.	1							
22o. I certify	that 160 (this h	ospital) attended	the deceased f	rom NOV	embe:	7.195	71	o January	L19 6	b , that	DE (we
sow the o	deceased alive	onlanuary	31 19 0	<u>ටර</u> , and t	hot in Ki	ky) (our) opin	nion d	eath accurred on the	date	and haur	and frai
	oted obove, (L	(we) (did) (stirts	ot) view the bod	y after de	ith.						
22b. SIGNATURE	· 10/11	2 /8 11	1.111 111	7)	ATTEND	NG ME	D. RECTOR	STAFF STAFF		ie signed Lary 31	י י
Con L DUNCKING	41011	2 64/6	MI MIL	DEGREE	PHYS.						(۱ و ۱
22d. PHYSICIAN S NAME (Type)	Octavio	A. Ruiz,	M. D.		ZZe. AD			ield State			
						5yk(lle, Maryla			
30 BURIAL, CREMATION REMOVAL (Specify)	23b. DATE	7 101 2	23c NAME OF CEMI		EMATORY		_	OCATION (City or Town)		(Caunty)	(Stote)
TE MERAL DHRECTOR	1-45	11,740	ST PR	10/60		2So REC'D BY		TRAR 25b REGISTR	ADT ST	6 WI	15/10
The second	Trum	mou	AUUKE33	//	11	250 KECUBI			AK 3 3	Liante	· Ou

VR A15 (4)* 30M REV. 1/68



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

30M REV 18

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00716

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DECEASED-NAME	First		Middle		Lost		2o DATE				2b. HOUR
(Type or print)	Jaco	nh	M.		Myer	rs		Month 1	Dgy	1968	3:45F
. SEX	0.20	4. RACE		-	S DATE OF			6. AGE (In yea	1.3	F UNDER I YEAR	IF UNDER 24 HRS.
ma'	ا ه	N/	egro		9-27	7-187L		last birthday	YRS. MC	DAYS DAYS	HOURS MIN
a BIRTHPLACE (St	ate or foreign	76 CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MA		9 COUNTY	OF DEATH			
ountry) Marvi	land	TISA		WIDOWE		ORCED 🗍	Ca	rroll			Md
a city or town		11 N/	AME OF HOSPITAL OR INS	I) MOITUTIT	f not in haspital		AL OCCUPATIO	ON (Kind of work		125 KIND OF	BUSINESS OR
Bural -	Svkesvill	give s	street oddress) oringfield	Shat	e Hospi	during m	ast of working Barbe	ng life, even if ret	red.)	INDUSTRY	2000
30 USLAL RESIDE	NCE (Where deceose	ed lived, if institut	on Residence before	13c. CiTY	OR TOWN	13d INSIDE CITY t	IMI ^{75?} 13e.	STREET AND NUMB	ER		
odmission) STATE	Marthand	136 COUNTY	Alleg.	Cumb	erland	AEZ NO	0□ 2	26 Carro	11 S	t.	
14 FATHER'S NAME	First	Middle	Last		15. MOTHER S	MAIDEN NAME F		Mid			Lost
	Jacob		Myer	3			Jenny				??
160 WAS DECEASE	DEVER IN U.S. ARM	ED FORCES?	166 SOCIAL SECURITY	NO. 17	INFORMANT			Add	ress		
res, no, or unkn	OWN) (IF yes give we	on del didues del service)	219-31-6	258	Spring	Meld H	ospita	l record	ls Sv	kesvil	le
			ne for (a), (b), and (c).								KATE INTERVAL NSET AND DEATH
PART I.	DEATH WAS CAUSED	I BY: Te cause (0)	Uremia							da	ys
1.5	,		AS A CONSEQUENCE OF								
	any, which gove	(b)	Nephroscl	erosi	s(Arte	rial)				ye	ars
	diate cause (a),(inderlying cause(AS A CONSEQUENCE OF		-						
(c) Generalized Arteriosclerosis										ye	ars
PART 2. OTH	ER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMIN	IAL DISEASE ORG	CONDITION GI	VEN IN PART 1(o)			
E C. B.S	associa	ated wit	h senile b	rain	diseas	e with	psycho	tic reac	tion		
C. B. S 190 DATE OF C 210. ACCIDEN	OPERATION 19b. (CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AU		C 6 1 II	IF YES, WERE FIND SES OF DEATH?	INGS CONS	SIDERED IN CE	RTIFYING
RIE					YES [- %					
210. ACCIDEN	T WAS UNDERLYING THE CAUSE DE DEATH			21c.	HOW INJURY O	CCURRED (Ente	r noture of in	jury in Port 1 or F	art 2, Iter	m 18.)	
if either, not	ify medical examin	er) P.M.	19								
₹ 21d. INJURY While No	OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Str	eet ar R.F.D. No	. (ity or Town	1	County	Stote
at work a	t work										**
22a, I ceri	rify that (*) (thi	s haspital) atte	ended the decease	ed fram_	11-8-	1967, 19_	, ta	1-1	_, 1958	, that	(X) (we) last
Saw 1	ne aeceasea ai es stated abave	.(I) (we) (did)	ing decease 1 - 1 - 1 (did yiot) (view the	bady afte	na marin (i r death.	ш у/жоку арі	ınıan deam	n accurred an 1	ne date	ana nour c	ing from the
22b SIGNATU	DF.		_						22c DA1	TE SIGNED	
	-	Suhn 1	som,	DE	GREE PHYS.	OING D	MED. DIRECTOR	STAFF PHYS.	1-	1-1968	}
22d. PHYSICIA					22e. Al	DRESS Sp	ringfi	eld Stat	e Ho	spital	
NAME (T	ype) S	uha Ozov				4-	_	le Varri		1	
23g BURIAL, CREM	AT ON 236. C	1 - 11 -	23c MAME OF				23d. 10CA	TION (City or Town	1	(County)	(State)
		5/67	1(ose	, ,	1 02	m:		mberle		· M	10
24. FUNERAL DIRE		1- 0	ADDRESS	1	14.0		BY REGISTRAR		TRAP'S SIG		.68.00
200	. 11	11. 1	20 111		UUIN	DATE 10	IN R	TYKX I	-	THE WAY	TO THE REAL PROPERTY.



00717 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00717 CERTIFICATE OF DEATH MOKEN PARTY PAWGE 2b. HOUR DECEASED-NAME First 20 DATE OF DEATH law requires that the death certificate be executed within 24 hours after death (Type or print) GORDON XIXIDAD XXXXX JANUARY 4. RACE S. DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR 3. SEX DAYS Negro last birthday) MONTHS HOURS Male 7-12-32 YRS. physician and campletely filled in by papers. P. 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Carroll WIDOWED SO DOWORCED within 72 Florida ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR during most of working life, even if retired.)
Farm Laborer give street oddress)
Springfield State Hospital INDUSTRY carbon Sykesville event, 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b_COUNTY Route #1 please remave New Windson Carrol and in any 14 FATHER'S NAME Middle First Last 15. MOTHER'S MAIDEN NAME First Last NAS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO 17. INFORMANT Address Yes, no or unknown) (If yes give war of dates of service) 85/Records. Springfield State Hospital crematian, ar removal, en APPROXIMATE INTERVAL signed by the attending burial-transit permit. Th 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration bronchopneumonia Davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t (b) Hepatic coma Days rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, ((c) Cirrhosis of liver Yrs. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the priar ta has been CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES . Health p NO 🗶 O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year of (If either, natify medical examiner) P.M. detached (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 12-29-67 saw the deceased alive an 1-8-08 19 , and that in (my) 1-8-68 þe and that in (my) (our) opinion death occurred on the date and hour and from the be retained shauld couses stated above, (i) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22¢ DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. director, page 3 shauld be filed v PHYS 22e ADDRESS Dringfield State Hospital 22d. PHYSICIAN'S Octavio A. Ruiz, NAME (Type) D. 21784 Sykesville, Maryland NAME OF CEMETERY OR CREMAJORY LOCATION (City or Town) (State) (County)

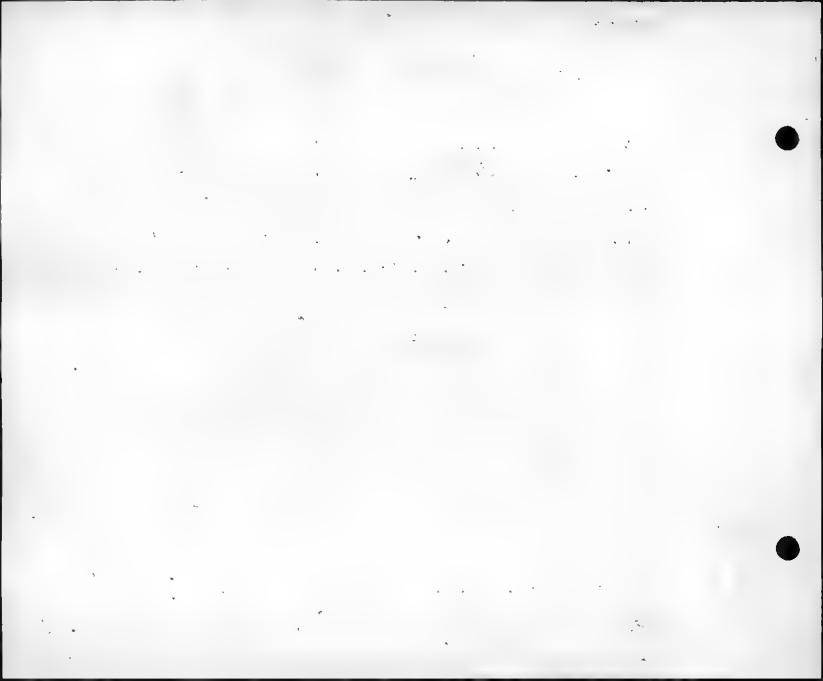
VEU

250. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV 1/68 FUNERAL MRECTOR



Item

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 em 6 Film G397 1/29/68 kk CERTIFICATE OF DEATH

00718

		YPE or print)	JANE		Middle ELIZABETE		PENNELL	2a. DATE OF DEATH Month I / Dog O Yeor 68 2P			
	3. SE	X FEMALE	4. R/	WHIT:	E		S. DATE OF BIRTH IO/I5/27	6. AGE (In years last furth day)	IF UNDER 1 YEAR OF JINDER 24 HRS MONTHS DAYS HOURS MIN		
	coun	BIRTHPLACE (Stote or fo		ZEN OF WHAT (1	WIDOWED	DIVORCED	COUNTY OF DEATH CARROLL	Md		
,	S	TY OR TOWN OF DEAT	MD.	gigs stree	RINGPTELL	. डगः	ATE HOSP NO	OCCUPATION (Kind of work dane it of working life, even if retired) NE	12b. KIND OF BUSINESS OR INDUSTRY		
	13a. admi	usual Residence (Whossion) STATE Mary	land 13h	, if institution Contro	Residence before Time COUNT	ර්ජ්	Recettes 13d INSIDE CITY LIM YES X NO				
1	14 F		rst	Meddle JOHNSO	N PENNEI	LL		MARY ELIZABETH			
	16o. Y	WAS DECEASED EVER I	N U.S. ARMED FOR (If yes give wor or doles	CES? 16b	NONE NONE	17	SPRINGFIELD H	OSP RECORDS YK			
		18. CAUSE OF DEATH PART I. DEATH V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days								
		Conditions, if any, what is to immediate a stating the underlyings the stating the	nich gave) Duse (o),((b) B1.	CONSEQUENCE OF		rative nephrit	is.	weeks		
	_			CONTRIBUTING		RELATED 1	TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	223		
(CERTIFICATION	19a. DATE OF OPERATIO	IN 19b. CONDITH	ON FOR WHICH	OPERATION WAS PERFO	ORMED	20a. AUTOPSY? YES NO	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING		
	MEDICAL CER	21a ACCIDENT WAS OR CONTRIBUTING OF	AUSE OF DEATH H	P.M	lonth Day Year			nature of injury in Part 1 or Port 2, It	em 18)		
		21d INJURY OCCURR While Not while at work at work					OCATION Street or R.F.D. No.	City or Town	County State		
		22a. I certify the saw the de- causes stoti	at (I) (this hosp leased alive ar led above, (I) (v	ve) (did) (dic	ed the deceosed 19 1 nat) view the bo	from , or dy ofter	id that in (my) (our) opin	ta <u>I/20/68, 19</u> ion death occurred on the dat	, that (I) (we) lost e ond hour and from the		
		22b. SIGNATUR	nals	N.	En	L. REG	VVI//	RECTOR PHYS.	ATE SIGNED 168		
		22d. PHYSICIÁN S NAME (Type)		R. Esp	ina, M.D.		Syke	ngfield State Ho sville, Maryland	spital		
		BURIAL, CREMATION, BENOVAL (SETTY)	23b. DATE 1-23-	-68	23c NAME OF CEN	on	Natl Cem.	23d LOCATION (City or Town) Arlington, Vi	(County) (State) rginia		
		FUNERAL DIRECTOR OBERT A.	PUMPHE	EY. B	ethesda.	Ma	ryland DAIF JAN	REGISTRAR 1968 REGISTRAR'S	SIGNATURE Judges		

VR A15 (4) 30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED NAME	First		Middle		Lost	2o.	DATE OF DEATH Month	D	V	2b. HOUR
1	Type or print)	RUSSE	LL	AUSBURN	F	PIPER		TANTI.		1968	11:15
3. SI	EX		4. RACE		5	DATE OF BIRTH		6. AGE (Ir lost_birt		F UNDER I YEAR ADNTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	Male		Whi	te		1-4-0	14	64	YRS.	IOMINS INVES	HOURS MIN
	BIRTHPLACE (Stote	or foreign 7	b. Citizen of What C	OUNTRY? 8.	MARRIED [NEVER MARRIED		INTY OF DEATH			
(00		vlvania	U.S.A.	W	VIDOWED _	DIVORCED [Carroll			Md
	CITY OR TOWN OF Sykesvil		11 NAME C	FHOSPITALOR INSTITU oddress) ngfield St		duru		DPATION (Kind of v working life, even i ter		12b, KIND OF E INDUSTRY	BUSINESS OR
130.	USUAL RESIDENCE	(Where deceosed	lived, if institution: F	Residence before 130		OWN 13d. INSIDE	CITY LIMITS?	13e STREET AND N			
oam	ession) STATE Maryl	and	Baltimor	e City I	Baltin	nore YESX	NO 🗌	No fixed	l addre	988	
	FATHER S NAME	First	Middle	Lost	15. 1	MOTHER'S MAIDEN NA	ME First		Middle		Lost
		Hubert		Piper			Edna			A	usburn
		VER IN U.S. ARMED	and the state of t	SOCIAL SECURITY NO		ORMANT			Address		
	Yes, no, or unknowi Yes	W.W.	2 21:	2-07-7508	Re	cords, Sp	ringf	ield Star	te Hos		
			one couse per line for	(o), (b), and (c).)							RATE INTERVAL NSET AND DEATH
	PART I. DEA	TH WAS CAUSED E IMMEDIATE	SY: CAUSE (a) Pul	nonary ins	suffic	iency and	flu			Tears	& days
	424	7	DUE TO, OR AS A	CONSEQUENCE OF		•					
ı	Conditions, if on rise to immedia		(b)								
	stoting the und		DUE TO, OR AS A	CONSEQUENCE OF							
	lost.)	(c)								
		SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT R	RELATED TO 1	HE TERMINAL DISEASE	OR CONDITI	ON GIVEN IN PART	1(0)		
8	7517										
CERTIFICATION	190. DATE OF OPE	RATION 19b. CO	INDITION FOR WHICH O	PERATION WAS PERFOI	RMED	20o. AUTOPSY?		20b. IF YES, WERE CAUSES OF DEATH		ASIDERED IN CE	RTIFYING
RTE							0 30				
		WAS UNDERLYING		JRY onth Doy Yeor	21c. HOW	INJURY OCCURRED	(Enter notur	e of injury in Port 1	or Port 2, Ite	m 18)	
MEDICAL	(If either, notify	medical examiner	r) P.M.	19							
[≥	21d, INJURY OCC While Not v	CURRED 21e. PI vhile (=)	LACE OF INJURY (AT H	JME, FARM, STREET, FACTORY & BUILDING, ETC.	·) 21f. LOC	ATION Street or R.F.1). No.	City or Town		County	Stote
	at work or w	OTK				01 70		. 3 39 /6	10		(1) () (
	22o. I certify	that (I) (this	haspital) attende	d the deceased t	trom/_=	that in (my) /our	Opinion	10_ <u>1=31=00</u>	<u>) 19</u>	, that	(I) (we) last
	causes s	aeceasea anv Lated abave.	(I) (we) (did) (did	not) view the bod	ly ofter de	ath.	Opinion	deom occorred	DIT THE GOIL	s olia liour a	JIIQ BUM ME
H	226 SIGNATURE	1		3	*			CTAFF		ATE SIGNED	
	- full	Can A	adayr	lewys	DEGREE	1 111 4	MED. DIRECTO	1 1 1113		31-68	
	22d. PHYSICIAN :			-				field Sta			
	NAME (Type	Julia	n Radzykei	vycz, M. I).	Sy	kesvi	lle, Mary	land	21784	
230	BURTAL CREMATI	ON, 23b DA		23c. NAME OF CEM	ETERY OR C	REMATORY		LOCATION (City or		(County)	(Stote)
1	S REMOVAL (Specif	1 2-	3-68	New	tree	dom		Sykesvil		1//	4.
24	FUNERAL DIRECTO	11 Y/2	Tall	ADDRESS	1.	250. RS	EB REGI	STRAR 2Sb.	REGISTRAR'S S		4 - 4
17	411111111 1	W. Ma	and L	MADURE	1 71	DATE		6 1963	Lucias	May Juy	1320

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ⊈ director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers Pag should be filed with the State Dept. af Health priar to burial, cre≡atian, or remaval, and in any event, within 72 habrs Page 4 may be retained by the haspital ar attending physician.

VR A15 [4] 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00721 CERTIFICATE OF DEATH 00721 M.ddle DECEASED-NAME First Lost 20 DATE OF OFATH 2b. HOUR (Type or print) EDWARD RICE GEORGE S. DATE OF BIRTH 3 SEX 4. RACE E JINDER YEAR IF LINGER 24 HRS. 6. AGE fin years last birbdoy) MONTHS DAYS HOURS 11/18/79 Male Caucasian aquires that the death certificate be executed within 24 haurs physician and campletely filled in by ien please remove carban papers. Pa aval, and in any event, within 72 haur 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIEO country) Maryland U.S.A. Carroll WIDOWED -DIVORCED [10 CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) Springfield State Hosp. INDUSTRY I actory Sykesville 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Howard odmission) STATE Maryland rural YES 🗔 Jessup 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last signed by the attending physician an burial-transit permit. Then please re burial, crematian, or remaval, and in Rice Augusta Kolpock Fred 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) 220-03-9858 Hospital Records APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o)-> (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH wellow one hrs DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) davs Uremia rise to immediate couse (o), OUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Generalized arteriosclerosis years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) reaction Chronic Brain Syndrome assoc. with cerebral arteriosclerosis with psychotic has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 OATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? CAUSES OF OEATH? YES 🖂 NO CO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY FOR CONTRIBUTING FEATURE OF CEATH HOUR A.M. Month Oov Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work couses stoted above, the (we) (did) dictart) view the body after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. ATTENDING DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS Springfield State Hospital NAME (Type) H. E. Connor, Jr. 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY. (County) (Stote) REMOVAL (Specify) 25o. REC'O BY REGISTRAR // FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 30M REV, 1/68 Mesula Julat



. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	90722 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00722
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 20 DATE KNOWN Magth Da	
节节	(Type or Prot) THELMA VIRGINIA ROBERTS DEATH MATED - 1-1	- 6 Pg 9 31/M
2, and 3 PM3. Pa	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years F. MDET YEAR IF UNDER 24 MDS 21 DATE PRONOUNCED DEAD Months DAYS HOURS MAN MONTHS DAYS HOURS MAN Day	Year 19 68 2d HOUR
- E - B	TO B RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17017
Pages Ith far State	Varioti	Mo NIND OF BUSINESS OR
the the	Westminster give strong and County General during most of working life, even if retired)	STRY EVSEKEEPER
s after 18. Gi alang 2 with death.	13d USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) STATE Md. 13b COUNTY Carroll Union Bridge X NO S Rinehart St	'
24 hours in Item 18 's Office is 1 and 2 v	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle ROLAND BUTLER LULA DISON	Last
hin ncil ninel page hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	PPIDAS
with per Exam Exam File		APPROXIMATE INTERVA.
be executed "pending" in nef Medical E nsst permit. E event within	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial infarction	Terminal
e execution pending of Medic	/O 9 DUE TO, OR AS A CONSEQUENCE OF	
	Conditions if any. (which gove is to immediate cause (a).) Severe arterialsclerotic coronary vascular is to immediate cause (a).	Years
war war the rial-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s cert ficate sh y, writing the farwarded to used as a bu emaval, and in	PART 2 OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rt fica riting varded ed as	Anesthesia and stress surgery 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, writin farward farward e used a	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 191 Diabetic gangrene 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herm	AF2 X
The liftica of be	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M. 19	7.4
EXAMINER: ute the certifoge 4 should your files. Page 3 shou	21d .NJURY OCCURRED 21e PLACE OF M.J. RY (At hame, form, street, 21f. LOCATION Street or R.F.D. tha. (ity or Town	County State
	AT WORK AT WORK	
A Fall Park	22a. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry	ond in my opinion
please e direction retained or to bu	deoth resulted from: Natural couses Accident , Suicide , Homicide , Undetermined manner	1
2 2 2 2 4	ACTUAL SIGNATURE DECENSION ASSISTANT MEDICAL EXAMINER 226. DATE SIGNATURE	NED ,
EPU SSOT fune fune ay to NEB	EXAMINER'S W GLENN SPEICHER DEPUTY MEDICAL EXAMINER &	1-68
TO FE	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	aunty) (Slare)
()AN	24. FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR'S SIG	NATURE
10M REV 108	DW Hartzler & Sone your Bridge DATE ! A" 16 1968 Julian	0



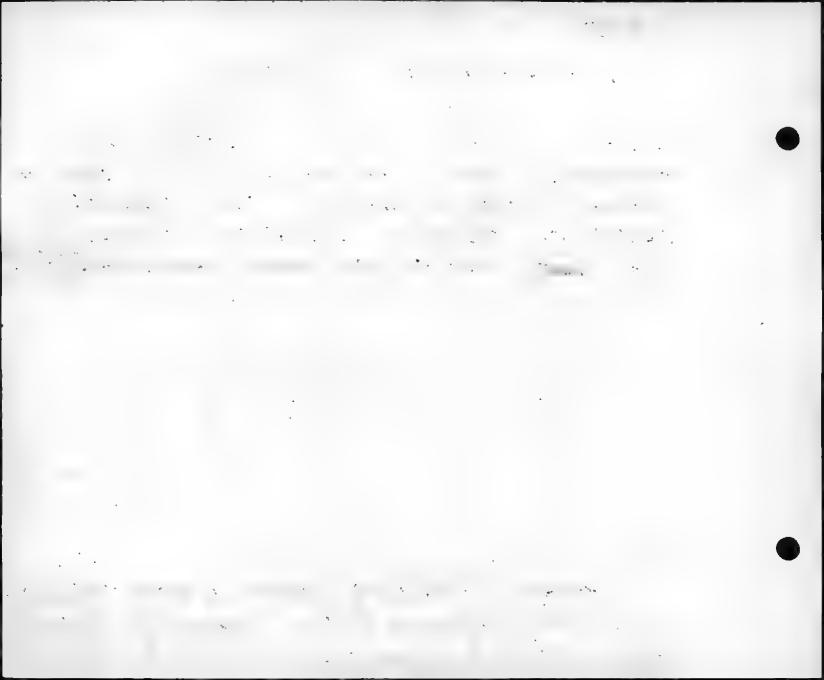
V. >	€ 00728		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
	Item 6 Film G39		ERTIFICATE OF DEATH	MORE, MIRKIERINO 21201	00723
death.	-1. DECEASED-NAME First (Type or print) NOT	Middle	Last	20 DATE OF DEATH Month Day	Year 20.20
death and death	NOR		RUNKLES	1 21	68 10:21
1 2 2 E	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
Ege Da	FEMALE	WHITE	2-18-74	93 <u>9</u> 4 "YRS.	AONTHS DAYS HOURS MAN
haur srs. 2 hoo	7a BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	MAKKIEU NEVEK MAKKIEU). COUNTY OF DEATH	
illed in papers.	MARYLAND	U.S	WIDOWED DIVORCED	CARROLL CO.	Md.
语 黄	IO CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS give street address)	MIVITON (It not in haspital during ma	LOCCUPATION (Kind of work done st of working life, even if retired) HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
ribay wit	SYKESVILLE	give street address) SPRING ed lived, if institution: Res dence before	GFIELD ST. 13c CITY OR TOWN 13d INSIDE CITY LIM		
e death certificate be executed within 24 haurs after an antending physician and campletely filled in by the permit Then please remove carban papers. Pages an, ar removal, and in any event, within 72 hoors of	admission) STATE MD.	13b COUNTY FREDERICK		ROUTE# 1	
e exe	14. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME FI	st Middle	Last
be named in an	Carlton	Peter Ahalt	S Man	zella Melinda	Willard
ate	160. WAS DECEASED EVER IN U.S. ARM			Address	
phys	Yes, na, ar unknawn) (If yes gree o	216-54-	8258 SPRINGFIELD	HOSP. RECORDS,	SYKESVILLE M
mg The	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and (c).	11	a-mai	BETWEEN ONSET AND DEATH
endi mit arr	IMMEDIA	TTE CAUSE (a)CONG	ESTIVE HEAD	TFAILURE	DAYS_
he death attendi permit ian, ar r	7. 7	DUE TO, OR AS A CONSEQUENCE OF	7		1
at tl the nsit mat	Canditians, if any, which gave t rise to immediate cause (a),		LALIZED ARTE	RIOSCLE POSES	YEARS
s the	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
quires that the death certifi physician. signed by the attending phy burial-transit permit Then burial, crematian, ar remova		(<)	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(A)	
req ng p n si ne bi				· ·	Reactio
IAN: The law rectal are attending fracts has been for use as the bit Health prior tab	Chronic Brain 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN	CONDITION FOR WHICH OPERATION WAS PE	with Senile Brain RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSTDERED IN CERTIFYING
atte thas se a	SHE		YES NO	CAUSES OF DEATH?	
ar are			21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Its	em 18.)
af faith after	(If either, natify medical exami	ner) P.M. 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages, and 2 should be filled with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hoors after death.	21d. INJURY OCCURRED While Nat while of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R F.D. Na.	City or Town	County State
NG Y that her t ate	22a. I certify that (I) (th	is haspital) attended the decease	ed fram 11-11 196	7, to 1-21, 196	8 , that (I) (we) last
NDI Sed be	saw the deceased a	live an 1-21-1	ed fram	ian death accurred on the dat	e and haur and fram the
TT Main Bright	22b. SIGNATURE	e, (I) (we) (did) (did not) view the	body after death.	30. N	ATE SIGNED
REC 3 s d wij	120. JOHN 1012	119	DEGREE PHYS DI		Residence
AL O	22d. PHYSICIAN S	1. co pres,	22e. ADDRESS	RECION TO PRICE	M. 1965
FIT mo	NAME (Type) KEN	ATO R ESPIN	A MD SPRIN	VGFIELD STAT	TE HOSP
Page 4 O FUN directe	23a BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	REMOVAL (Specify)			Burkittsville,	Fred. Md.
VRAIS (4)	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		IGNATURE
30M REV. 1/681	Graduitt Com	pany, Middletown	a, Md. DATEJAN	24 1968 Poliar	ly judges



_	Įt.	ems 21,22 film 397 MARYLAND STATE DEPARTMENT OF HEALTH
1 20°	P-1	Ly-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	06724 CERTIFICATE OF DEATH 00724
degith.		ECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR Month Day Year Common Amonth Day Y
* (BES)	\perp	WILDUY /- Oanders Vanuary 24 1968 Billy
s offer s	3. S	M White. March 3, 19/6, 19/6, MONTHS DAYS POURS MIN
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely infled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 224 ours after	14	FATHER'S NAME First B. Sanders. IS MOTHER'S MAIDEN NAME First Middle Kehil
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ath ndin nit. ar re		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g) Elkoure 9 hours
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The law reatending has been se as the lih prior ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atte has has	16	YES NO CAUSES OF DEATH?
AN: Il or cate ar u feal		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY PP 2 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.)
STCL Spiriting and fr	MEDICAL	(If either, notify medical examiner) 2.00 Jan 24 1968
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health prior ta	-	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) While Not while Along roder a Building, ETC Along roder Building, ETC Carroll Md
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TEN Ded TEN The Ten The	П	saw the deceased alive an
F E B K K	Н	226. SIGNATURE ATTENDING MED STAFF 220 DATE SIGNED
DIRI Be 3		JOHN S JARREN W DEGREE PHYS DIRECTOR PHYS. 914/68
RAL RAL be fi		22d. PHYSICAN'S NAME (Type) JOHN S. HARSHEV AD Thinks St. Westweet and
e 4 UNE	230	DIDIA (DEMATION 23% DATE 22 NAME OF CEMETEDY OF CREMATORY A 224 IOCATION (City of Town) (County) - (Systa)
Page /	12	REMOVAL (Specific Jan, 27, 1967, New Freedom Cometers New Freedom, Penna.
VR A15 (4)	24.	FUNERAL DIRECTORY OF THE PROPERTY OF THE PROPE
30M REV. 1/68	4	Sacol Ferlenslern, Hew Ferredom, La DATE JAN 29 1898 formers Just



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00725 Middle uneral I and 2 r death. 1. DECEASED-NAME First 2a. DATE OF DEATH (Type or pnnt) Year 68 6 AGE (In years within 79 hours ofter S. DATE OF BIRTH IF UNCER 1 YEAR MONTHS 1 DAYS HOURS 7g, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Carbon, and in any event, RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY JAITS? 13e STREET AND NUMBER reavires that the death certificate be executed the attending physician and complete is permit. Then please remaye M.ddle _ Lost 15. MOTHER S MAIDEN NAME First Last 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY. burial-transit permit. FOLLICULAR IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse last. 2001 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the prior tal 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES TO NO T far use Health r use 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year 2 (It either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat wh.le at work at wark 🗀 20 . 1968 , to 22a. I certify that (1) (this haspital) attended the deceased fram... 1968, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an... be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b-STGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 8 ANCHOR ST. director, 23d LOCATION (City or Town) (State) 23a. BURIAL, CREMATION (County) 250. REC'D BY REGISTRAR
DATE JAN 2 3 30M REV.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00726	CERTIFICATE	OF	DEATH
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00726

_						
	PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUN	
	Carr		MARYLAND		vland	Balte City
	b CITY OR TOWN (If outsi	de carporate limits,	c LENGTH OF STAY IN 16		itside corporate i mits, write RUR.	
	Sykesvill		18 Days	Baltimo:	re	
	d NAME OF HOSPITAL OR	INSTITUTION (If not in hospite	il, give street oddress)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?
_		State Hospit		2306 Harf		YES NO V
	NAME OF DECEASED	First	Middle	lost	4 DATE Month	Doy Year
	(Type or print) Mar	ien Peret	Senft		DEATH 1	28 19 68
5	SEX 6. CO	OLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF JNDER 24 HRS
		hite WIDOW	DIVORCED	7-9-14	lost birthday) 53 yrs.	Months Days Hours Min
100	JSUAL OCCUPATION (Give	kind of work done 10b	KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State or foreign country)	12 CITIZEN OF WHAT
duri	ing most of working life, evi Retired	an it iolitou)	INDUSTRY Taxi Co.	Maryland	1	COUNTRY?
13.	FATHER'S NAME			14 MOTHER'S MAIDEN I		
	Clinten Se	nft		Elizab	eth Connor	
15	WAS DECEASED EVER IN U	S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Addres	is s
(10	Yes	give war or dates of service)	217-03-4177 S	princfield S	St. Hosp. Reco	n d a
	18. CAUSE OF DEATH (Enter only one couse per line				INTERVAL BETWEEN
П	PART I. DEATH WAS	S CAUSED BY	Pulmorous,	1 whereal	plo	ONSET AND DEATH
П	11.9	DUE TO	1			
Н	Conditions, if any, which	anna)				
	rise to immediate cous	se (o),		··		
П	stating the underlying	conze				
	lost. COZI) (c)				
8			G TO DEATH BUT NOT RELATED TO			PERFORMED?
E	Jeh	30 phieres,	Cheoree u	refferentes	ceq	YES NO 🔀
L CERTIFICATION	200 ACC DENT WAS UNDER OR CONTRIBUTING □ CAU (IF EITHER, NOTIFY MEDICA	ISE OF DEATH	DESCRIBE HOW INJURY OCCURRED	Enter-hoture of injury in	Port I or Port II of item 18)	
MEDICAL	20c TIME OF INJURY M	at the mark that the same		CE OF INJURY (Home, form		(County) (State)
ME	Hour `a.m. p.m.		nile Not While foot	tory, street, affice bldg., etc)		
	21. I certify the	at (1) (this haspital) atte	ended the deceased fram_	L-10-68 , i	9, ta_ 1-28-68	, 19, that (1) (we) last
	saw the deceasi		6819, and tha	t death accurred a	•50a M, fram causes a	and an the date stated above.
	220 SIGNATURE	1100	·			22b. DATE SIGNED
	7	locusts] -	logger MI	D PHYS	MED STAFF DIRECTOR D. PHYS	1-28-68
	22c. PHYSICIAN'S		0	22d. ADDRESS		
	NAME (Type) G.	locrito Sagis	i	Springs	ield Hospital	
230	BURIAL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETERY OR		23d. 10CAT ON (City or Tow	m) (County) (Stote)
	REMOVAL (Sperify)	x8xx 2/1/68			Baltimore	
24	FUNERAL DIRECTOR				BY REGISTRAR 25b_REG	SISTRAR'S SIGNATURE
Le	onard J. Ru	ck, Inc. Balt	to. Md. 21214		29 1968 206	area Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. III IIOIPIIAI OR ATTENINIII MYXICIAN: The law requires that the death certificate be executed within 211 haurs after death Page 4 may be retained by the haspital or attending physician VR A15 (4) 25M 1/67



VR A15 (4) 30M REV 1/68

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00727

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00727

	EASED NAME pe ar pnnt)	CHARLE	S	M·ddle NMN		SHEPHAR	D	2a. DAT	TE OF DEATH Mont	h Day	Year	2b HOUR
3 SEX		OIMEGAL	4. RACE	111111		S DATE OF B			6 AGE {	16	F JHDER 1 YEAR	B 240pM
	Male		Negro)		05~08			iast bu		MONTHS OAYS	HOURS M.N.
7a. 81	RTHPLACE (State	or fareign 71	b. CITIZEN OF W	HAT COUNTRY?	8 MARRII	EDE NEVER MAI	RIED	9. COUNT	Y OF DEATH			
COUNTY	South (Carolina	U.S	S. A.	WIDOWE		RCED 🗍	Ca	arroll			Md
Syl	y or town of kesville		Si	AME OF HOSPITAL OR INST street address) pringile ld	State	Hosp.			TION (Kind of king life, even Ex		12b KIND OF INDUSTRY Const:	BUSINESS OR
13a U:	SUAL RESIDENCE	(Where deceased	lived, if institu 13b COUNTY	tian: Residence befare	Jac CITY		YES NO		STREET AND 402 Ga		St.	
14. FA	THER'S NAME	First	Middle	last		IS MOTHER'S M		irst		Middle		Last
	George			Shephar		Louis	6				Gui	ze
16a. V Yes	VAS DECEASED EV , ng. ar unknown no	YER IN U.S. ARMED) (If yes give ward	or dates of service)	247-32-457		7. INFORMANT Hospit	al rec	ords		Address		
3	8 CAUSE OF D PART 1. DEA	EATH (Enter anly TH WAS CAUSED F THEDIATE	CAUSE (a)	ine for (a), (b), and (c).) Cháing/exa AS A CONSEQUENCE OF					rme of	Brain	APPROX BETWEEN	IMATE INTERVAL DISET AND CEATH DIST SETS
	landitians, if an 158 ta immedia		(b) F	Bronchopneu	moni	a.					Day	У
3	toting the und		DUE TO, OR	AS A CONSEQUENCE OF								
	PART 2 OTHER S	IGNIFICANT CONDI	TIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE ORC	ONDITION	GIVEN IN PART	1(a)		
NO -				n, paranoi								VA-1-1
RT F.CA	9a, DATE OF OPER		NDITION FOR W	HICH OPERATION WAS PER	FORMED	20a. AUTO		10	Ob. IF YES, WER AUSES OF DEATH		NSIDERED IN C	ERTIFYING
3 0	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH medical examiner	216 TIME C HOUR A.M. P.M.	Manth Day Year		HOW INJURY OC			injusy in Part	l ar Part 2, It	em 18.)	
0	21d. INJURY OCC While Matw twork atwo	ırk 🗀		(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC					City ar Tawn		Caunty	State
2	saw the	deceased aliv	re an 1/	ended the decease 16 19 (did nat) view the b	00,0	and that in (36	y) (aur) api	<u>67</u> , ta nian dec	1/16 oth accurred	an the dat	68_, that e and hour	(we) last and from the
		cu)	H.R	Caa W	DI	EGREE PHYS	L D	NED IRECTOR	STAFF PHYS.	_	ate signed -19-68	
2	2d PHYSICIAN S NAME (Type		H. Klas	tsch, M.D.		Spr		ld St	ate Ho	spital	, Sykes	Md.
	BURIAL, CREMATIO REMOVAL (Specify	ON, 23b. DA	TE 21-(8 Ruch		uneral	Schome	al	Level Level	le, S	(County)	(State)
24. FL	JNERAL DIRECTOR	// ,	B1703	ADDRESS 6 2 / F/	7.190	48/10,C.	2Sa. REC D B	23	1968 ^{2Sb.}	REGISTRAR'S	SIGNATURE SALE	ega :





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00729 CERTIFICATE OF DEATH Midd e Lost 2a. DATE OF DEATH First 2b. HOUR LAURA SNYDER EILEN 6. AGE (n years last birthday) S DATE OF BIRTH IF UNDER YEAR DAYS MONTHS HOLRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED CARROLL CO DIVORCED WIDOWED 73 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY HOUSE - WIFE. 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 106 F Middle M.ddle Lost SAURIF 7ROSSE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war or dates of service) STERLING APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State

Canditions, if any, which gave) rise ta immediate cause (a). stoting the underlying cause .90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (If either, natify medical examiner) 21d INJURY OCCURRED While Nat while at wark

06729

1. DECEASED-NAME

(Type or print)

CITY OR TOWN OF DEATH

Yes, no. or unknown)

STAFF PHYS

23d LOCATION (City or Town)

causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

22d PHYSICIAN'S NAME (Type)

22a. I certify that (I) (this haspital) attended the deceased from DUTURER, 1964, ta 1964, ta 1968, that (I) (we) last saw the deceased alive an IRN 20 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the

DEGREE

NAME OF CEMETERY OR CREMATORY

22c. DATE SIGNED

23b. DATE

DATE

ATTENDING

22e. ADDRESS

PHYS

DIRECTOR

(County) (State)

VR A15 (4) 30M REV 1/6

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After

director, page should be filed

and in any event, within

burial, crematian, or removal,

burial-transit

or this certificate has been si detached far use as the b ate Dept. of Health priar to b

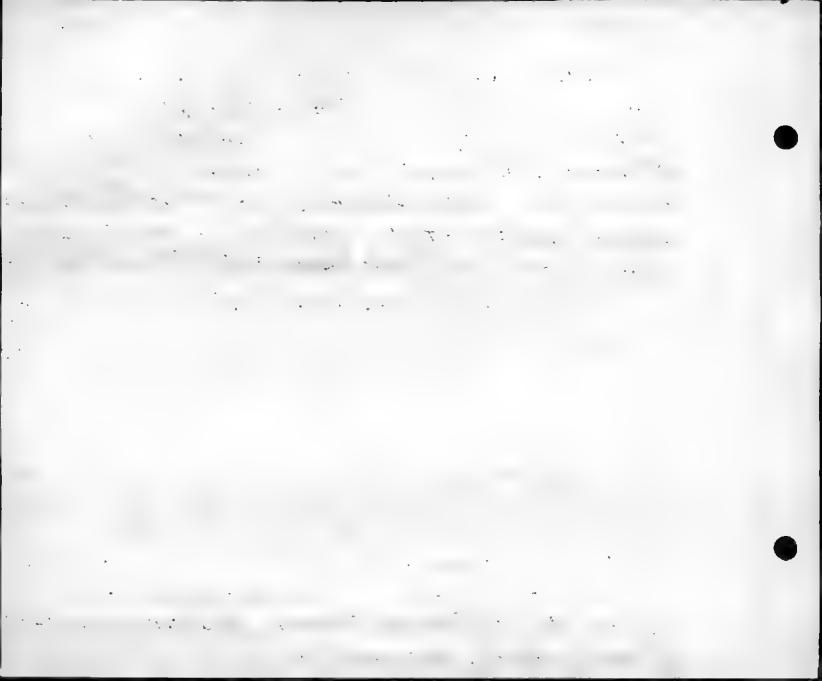
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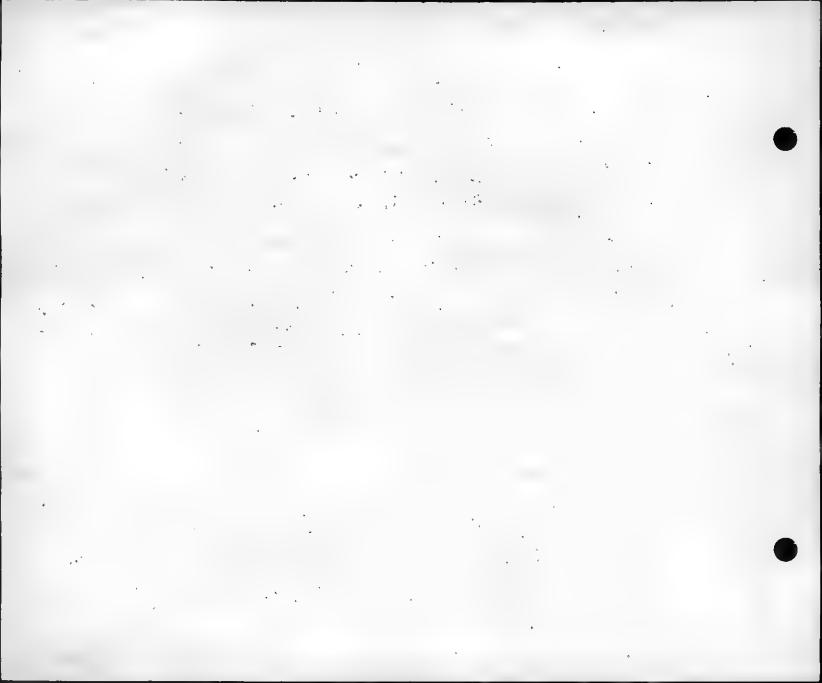
MARYLAND STATE DEPARTMENT OF HEALTH 96730 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00230 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death. (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS MONTHS last birthoay) YRS burial, crematian, or removal, and in any event, within 72 hours 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [7 th attending physician and campletely filled sit permit. Then please remave carban pap 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR manirem that the death certificate be executed within give street address INDUSTRY during most of working life, even if retired) 13g USUAL RESIDENCE (Where deceased aved, if institution; Residence before 13c CITY OR TOWN ISd. INSIDE CITY CIM TS? 13e STREET AND NUMBER admission) STATE 14. FATHER'S NAME M. adle Last MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address 2 D E GEORGE ST. Yes, no, or unknown) (If yes give war or dates of service) VECTIMINETER APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to t 4 may be retained by the hospital or attending Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F use of Health p 21g ACCIDENT WAS UNDERLYING 276 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Į OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. State City or Town County While Mat while at work -at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Sam 22 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the , page 3 shauld be filed with the view the bady after death. causes stated above. (1) (# 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) OHN director, shauld 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (State) (County) ADDRESS 2Sq REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06731 00731 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED-NAME First 2b. HOUR 24 hours after death ARENCE ond (Type or print) IF UNDER 1 YEAR 4. RACE 6 AGE (In years 3 SEX MONTHS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 8. MARRIED NEVER MARRIED DIVORCED F NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) signed by the attending physician and comblete burial-transit permit. Then please remove Cast burial, cremation, or removal, and in any event, RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER requires that the death certificate be executed Middle Lost INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(by the hospital or attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) etached for use as the Dept, of Health prior to O FUNERAL DIRECTOR: After this certificate hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [T] 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram..... 1/26/14 19 ___, and that in (my) [out] apinian death accurred an the date and haur and fram the saw the deceased alive an.... be retoined director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** PHYS DIRECTOR Foge 4 moy b 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) (Stote) BURIAL, CREMATION VR A15 (4) 30M REV. 1/68~

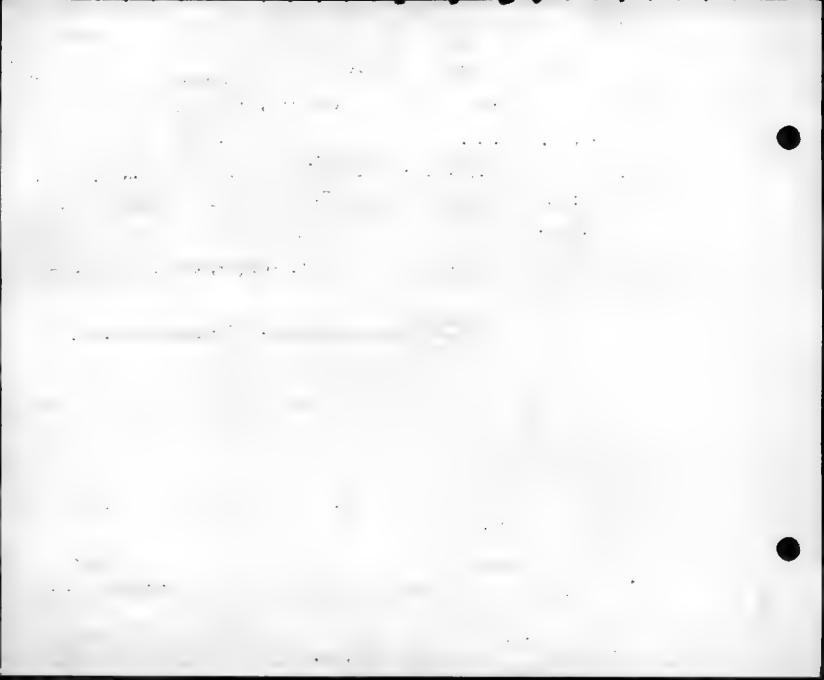


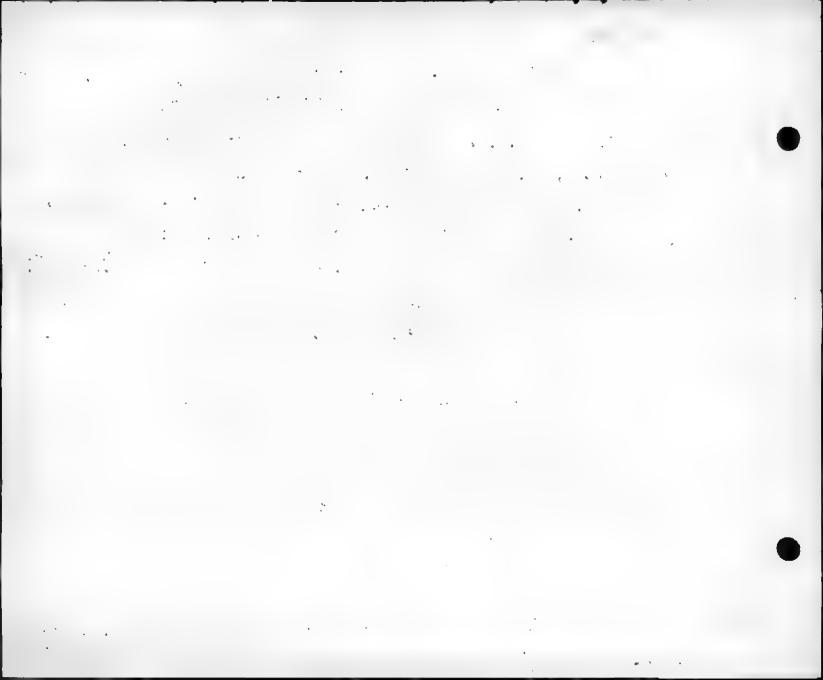
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00732 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED NAME First Last 2b. HOUR (Type or print) Stevenson Januar IF JNDER I YEAR IE UNDER 24 HRS. hours after 4 RACE S. DATE OF BIRTH 6. AGE (In years requires that the death certificate be executed within 24 hours after in by the freers. Pages last birthday) temale 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED [completely filled in (Kind of work done 1D. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR during mast of working life, eyegut retired.) give street oddress) INDUSTRY Home 13e. STREET AND NUMBER 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d HISIDE CITY LIM TS? signed by the attending physicion and complet buriol-tronsit permit. Then please remove car buriol, cremation, or removal, ond mony event, 14. FATHER'S NAME Middle Middle Last 15 MOTHER'S MAIDEN NAME First JOHN QUS MQN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT Address Yes, na, ar unknown) 7110 Kockridge 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gove) rise to .mmedrate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to hos been 2Da. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO P O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work . 1967 to Jan 3 220. I certify that (1) this hospital) attended the deceased from 10/28 1964, and that in (myD(aur) apinian death accurred on the date and hour and from the saw the deceased alive ancouses stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22h, SIGNATURE 22c DATE/SIGNED/ ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DEGREE TO HOSPITAL Poge 4 may b 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230 BURIAL CREMATION, REMOVAL (Specify) Wards hapel (emeteru. **ADDRESS** 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Sons Reisterstown, Md. 1968



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	DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 boars-after	,	INERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in By the fu	ctar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages χ and 2	afte	
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1	6733	DIVISION OF	MARYLAN VITAL RECORDS,		E DEPARTN PRESTON ST			APYLAND 212	001		
	ems 23a,b,c8							ARTERIED ETE	.01	007	33
1. DECEASE (Type of		ise	Middle Ahna	Sul1	ivan		2a DATE	Month	Day	Year 1968	26 HOUR 12:05
3 SEX Fer	nale	4. RACE Whi	te		S. DATE OF B	RTH ber 8,		6 AGE (in yea last birthday) 65		F JINDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
70 BIRTHP country) Ba	LACE (State or foreign	7b. CITIZEN OF WI		8. MARRIE WIDOWE	D NEVER MAS	RRIED [Car	roll			M
	town of DEATH	11. Ni give	AME OF HOSPITAL OR INS street address 1 Co	unty	General	12a USUA during ma House	COCCUPATION St of working WLfe	IN (Kind of working life, even if retill A Housew	dane ired.) IOTK	12b KIND OF E INDUSTRY	
130. USUAI admissian)	RESIDENCE (Where decease STATE Maryland	ed lived, if institut 13b COUNTY (ion. Residence before	13c CITY	or TOWN_2 minster	13d. INSIDE CITY LIM	MTS? i3e.	STREET AND NUMB	BER		
14. FATHER	S NAME First Unk no	Middle WII	Lost		is, mothers m Unk	AIDEN NAME FII		Mid			Last
	DECEASED EVER IN U.S. ARM or unknown) (If yes give wi	ED FORCES?	16b. SOCIAL SECURITY N	10. 17	INFORMANT	**		Add	ress		
	No		None		Calvin	W. Sull	ligan,	Westmin	ster		R→2
rise t statu lost	itions, if any, which gave a immediate cause (a), ag the underlying cause 2. OTHER SIGNIFICANT CON	(b)	AS A CONSEQUENCE OF		TO THE TERMINA			VEN IN PART I(a)	ouls	کان	
	ADATE OF OPERATION 19b. (CONDITION FOR WH	IICH OPERATION WAS PEI	RFORMED	20a AUTO	PSY?		IF YES, WERE FIND SES OF DEATH?	INGS CON	SIDERED IN CE	RTIFYING
₹ 🗆 0R	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH Ther, notify medical examin	HOUR A.M. P.M.	Manth Day Year				nature of in	jury in Port 1 ar P	Part 2, Ite	m 18.)	
While at wa	rk at wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					ty ar Tawn		County	State
22a.	I certify that (I) (this saw the deceased all causes stated abaye	s haspital) atto ive an , (1) (we) (did)	ended the decease l (did nat) view the	od fram. 947, a bady afte	nd that in (m r death.	y) (our) opir	7_, ta_ nian deaff	accurred an t	_, 19 <u>6</u> he date	T, that and haur a	(I) (we) las and fram th
	SIGNATURE S	· Hars	hy	DE	GREE PHYS	DII 🗖	ED. RECTOR	STAFF PHYS.	22c DA	TE SIGNED	
22d.	PHONICIAN'S NAME (Type) 36/	4N S.	HARSHA	EY M	1. D. 22e. ADI	Encho	At.	Westin	يزين	Em, Su	-
REMO	194 4-1-	nuary 11			or (REMATORY emetery		Nr. V	TION (City or Town Vestminst	ter,		(State) 1, Md.
	AL DIRECTOR	till	ADDRESS Litt1	estor	in Pa	2Sa. REC'D BY	REGISTRAR	68 25b 256	TRARS S	GNATHRE AND SALES	12





00735 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00735 1. DECEASED-NAME Frst 20. DATE OF DEATH 2b. HOUR death (Type or pont) Month 4 RACE requires that the death certificate be executed within 24 hours after 3 SEX S. DATE OF BIRTH 6. AGE (in years IF JNOER I YEAR IF UNDER 24 HRS last birthdgy) HOURS 10-16-18 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED MEVER MARRIED W SA. Carroll WIDOWED -DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address! Longitude nursing during most of working life, even if retired) carb 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Unknown marano 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) cremation, ar remayal, 218-07-2308 signed by the attending 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗔 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town County State While Not while of wark 22a. I certify that (1) (this haspital) attended the deceased fram _______ saw the deceased alive an 1962, and that in (my) (our) apinian death occurred on the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BREMOYAL (Specify) Jan.10,1968 Immanuel Cemetery Manchester Carroll Md. 24. FUNERAL DIRECTOR 30M REV 1/68 Tipton + Eline Funeral Home Hampstead. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00736 CERTIFICATE OF DEATH 00736 DECEASED NAME First Middle Lost 2n. DATE OF DEATH 2b. HOUR (Type or print) LERMON JeRome Trescott 3 SEX 4. RACE 6. AGE (In years IF UNDER I YEAR 1F JNDER 24 HRS requires that the denth certificate be enecuted within 24 llours after MAle 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH signed by the attending physician and completely filled in by burial-transit permit. Then please remave carban papers. B. MARRIED 📈 NEVER MARRIED 🗌 DIVORCED | WIDOWED [7] burial, cremation, ar remaval, and in any event, within 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work na life, even if retired) INDUSTRY Sykesville 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c City or Town 13e STREET AND NUMBER 13d INSIDE CITY DMITS? 13b. COUNTY YES [Route 32 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First rescot 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) MRS. SURPSLILLE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Acute coronary thrombosis 1955 through DUE TO, OR AS A CONSEQUENCE OF Rheumatic heart disease with valular lesions 1/20/68 Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse (d) Cardiac arrest. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health priar ta 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗷 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21d. INSURY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R F D. No. 21e PLACE OF INJURY State City or Town County While Not while of work 220. I certify that (I) (this haspital) attended the deceased frames aw the deceased alive an 19 10 55 to Jan. 20 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE ATTENDING PHYS. MED DEGREE 22d. PHYSICIAN S 22e ADDRESS Sykesville, Maryland Howard E. Hall, M.D. NAME (Type) director, shauld b NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) 24: FUNERAL DIRECTOR ADDRESS / / 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00737

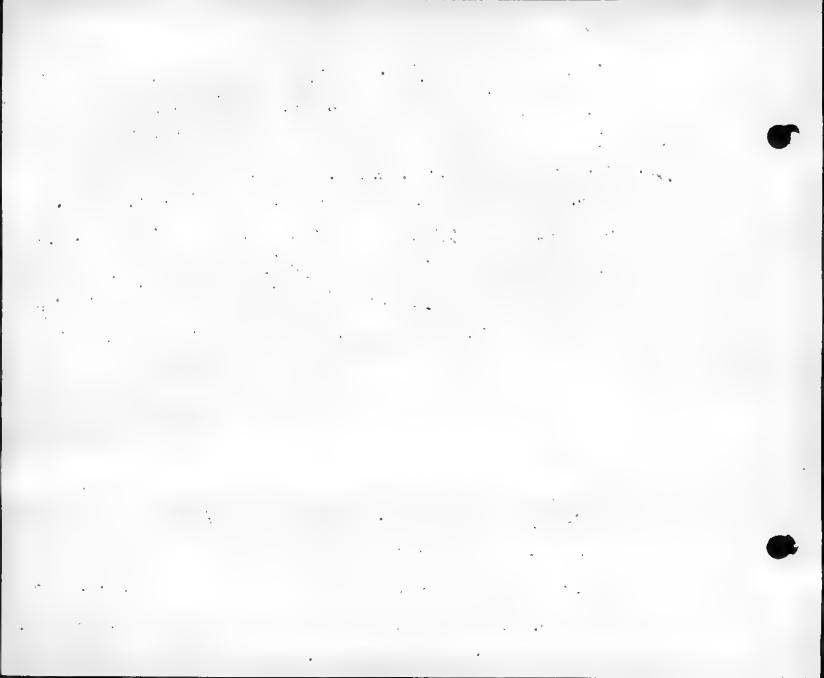
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1		ACE OF DEATH	+ :	s 4 mmg 1	Control of Street	4062	2 USUAL RESIDENC	CE (Wh	nere deceased lived, if institut		e before odmis	sion)
П	а. (COUNTY	Carroll	who i - d	MARY	LAND	a. STATE Ma	ry.	land b. cour	" Mor	itgomer	У
	b (CITY OR TOWN (I	outside carparate limits,		c. LENGTH OF STAY II	V 1b	c. CITY OR TOWN (II	outs	ide carparole limits, write RUI	RAL end give	neorest fown)	
R	ura	alSyke	give nearest town)		2y. 7m. 7	days	Bethes	sda				
	d. !	NAME OF HOSPITA	L OR INSTITUTION (If not	ın haspital, i	give street address)		d STREET ADDRESS				B IS RES	SIDENCE FARM?
	Spa	ringfiel	d State Hos	pital			4820 Au	ıbw	rn Avenue		YES [] NO [₹]
- 3		ME OF CEASED	First	1	Middle		Last		4. DATE Mont	h	Day)	fear
L	(Ty	pe ar pant)	Mar	У	France	5	Ward		OF DEATH		3 19	68
3	. SEX		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (in years last birthday)	Manths 1	YEAR IF UND Days Hours	ER 24 HRS
L		emale	white	WIDOWED	DIVORCED		10/04/08	3	59 yrs	, Alignatis	Duys Hadis	perior.
11	Da US	SUAL OCCUPATION	(Give kind of work done fe, even if retired)		IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Cou	inty &	State, or fareign country)		ZEN OF WHAT INTRY?	
	re	eception	ish		TOUSIKI				n, D. C.		USA	
1	3. FA	THER'S NAME					14 MOTHER'S MAID	EN NA	ME			
L		ouis Dun					Mary Je	tt:				
			IN U.S. ARMED FORCES? If yes give war ar dates of	Service) 16	SOCIAL SECURITY NO.	17	NFORMANT		Addre	:55		
		no	To you give that an account	2	16-40-5370	\$pr	ingfield H	losj	pital records	, Syke	sville	Md.
	18		ATH (Enter only one couse								INTERVAL B	ETWEEN
L		PAKI I. BEAT	I WAS CAUSED BY. IMMEDIATE CAUSE (c) Arte	eriosclerot	ic c	ardiovascu	ula	r disease		Years	DENIII
L		4/27	DUE T	0								
		anditions, if any, se to immediate	rouse (a)	/	.,							
	sh	ating the under	ying cause DUL I									
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Ē	5 P/		_			AFD 10	THE TERMINAL DISEASE	COND	ITION GIVEN IN PART 1(a)		19 WAS AU PERFOR	:MED?
15	5		ional psych								YES 🔼	NO [
CERTICICATION			UNDERLYING L.; L'AUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OF	CURRED	(Enter nature at injury	r in Pa	irt I ar Part II af item 18.)			
MEDIZA	20	Oc TIME OF INJU	RY Manth, Day, Year		NJURY OCCURRED		CE OF INJURY (Hame, f		20f (City or town)	(Cour	nty)	(State)
1	1	Hour a.m	10	White of wor		fact	ary, street, affice bldg ,	etc.)				
1			that (12 (this hasp		ded the deceased	fram	5/26/		55 10 1/3/	, 1968	3, that to	(we) last
			ceased alive on	1/3	/19 <u>68</u> , c	nd tha	t death accurred	at_9	1:25 M, fram couses	and on th	e date state	ed above
	2	220. SIGNATURE	Meral	n.	Estavia	JAW.	ATTENDING D		IED STAFF IRECTOR PHYS		TE SIGNED L/3/68	
	2	22c. PHYSICIAN'S NAME (Type)	Db- F	177	- W D	7	22d ADDRESS		pringfield St			
			Renato F	-	ina, M. D.			_S;	ykesvillek Ma	ryland	1	
2	R	BURIAL, CREMATIO REMOVAL (Specify)		- 11-	23t. NAME OF CEME	TERY OR	(REMATORY awr		23d LOCATION (City on to	WM C-	County)	(Store)
	24. F	UNERAL DIRECTOR	Ernest	Gor	ther abouts th	erst	Md DATE	JA	REGISTRAR 1968'Sb. RE	PUSICAR'S SIC	SHATURG CONT	Jan 2.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fineral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 22 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamrs Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
A series	30738 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	18
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALIN MEPI.	1 DECEASED-NAME (Type or Print) MARGARET C WELSH 20 DATE KNOWN Month Do OF ESTI-	
delay i	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years lest birthday) HOURS HIM Doy / 3	Yeor 68 12 36
2, P. P.	70 BIRTHPLACE (State or foreign 715 CIT-ZEN OF WHAT COUNTRY? 8, MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1700
es 1, farm farm te De	Country) D. C. USA WIDOWED DIVORCED Carroll	Md
I within 24 haurs after death np np np pencil in Item 18. Give Pages 1, 2, 6 Examiner s Office along with farm Ph. File pages land 2 with the State Depart 72 naurs after death.		DUSTRY
ffer d Give long w ifh the oth.	130 LSLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN. 3a INSDE CITY LIMITS? 13e. STREET AND NUMBER	
haurs affe Office alon I and 2 with	Symptons VATELLE 136 COUNTY Carroll Sylvasville YES INO W Maite Rock	load
haurs Item 18 Office I and 2 after d	14 FATHER'S NAME First Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle Thomas - Bayne Hargaret C. Fag.	Lost
hin 24 ncd in miner s pages hours	Thomas - Bayne Margaret C. Fag.	BIN
within penal xamine ife pag	(Yes no, or unknown) (if yes give wor or dates of service) 578 40 9675 175. Mary not of all 1 32 11	ייי דרת ייי
	18. CAUSE OF DEATH (Enter only one cause per line ton (a), (b), and (d)	APPROX MATE INTERVAL
d be executed with d'perding" in perchief Med cal Exartransit permit. File y event within 72	PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e execution of Medical Medical Strain permiser with with with with mind of the medical	DUE TO, OR AS A CONSEQUENCE OF 2	
"pe "pe nief nrsrt eve	conditions, if any, which gave rise to immediate cause (a). (b) newtrifle Legurels	
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should te ward a the C burial-tr in any	lost. (c)	
모 는 는 는 근	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writhcat writing warded warded sed as (190, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, write e, write farwar farwar e used emava	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF NURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter Applies of Anjury in Part 1 or Part 2, July)	AEZ NO X
.5 - 0 - 2	210 EXTERNAL CALSE WAS 21b. TIME OF NURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter apriles of anyly in Part 1 as Part 2, John	
NER: It certifice hould by iles. shauld I	PRIMARY FOR CONTRIBUTING HOUR A M CAUSE OF DEATH 12.20 P M 1-13 1969 Cut turned tell to be a form street of INJURY OCCURRED. 216 P.ACE OF INJURY (At home, form, street).	Biosselsed P
= 9 × + c 5		ding he of I delay
XAM ute th ge 4 your your Page crem	AT WORK AT WORK Tout 26 That at the strength of the strength o	reall nul
E exect tar. Pa ed for CTOR: burnal,	22o. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquity .	ond in my opinion
Se e extorned ned ned ned ned ned ned ned ned ned	deoth resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined monner	
please direction of the control of t	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER CHIEF	NCO O
JTY, ple eral dr be refu RAL D	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	3-68
TO DEPUTY SICAL EN necessary, please exect the funeral director. Po 5 may be retained for TO FUNERAL DIRECTOR: Health prior to bund.	EXAMINER'S NAME (Type) APORTS Strings, by given by young the city of the cit	ter court
The Hec	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
	Bring Lardy 1-15-63 3 tes of Heaven Horbec's,	1id.
VP AISME 19	24. FUNERAL DIRECTOR 250 REGISTRAR 250. REGISTRAR 250. REGISTRAR 5 SIGI	NATURE
10M REV 1/68	Harry W. Halght Sykistrile Tild. DATE JAN 17 1969 Oction	Early Ton





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06740 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 24 hours after death (Type or print) Year Robert Joseph 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS NOURS Mole YRS nouse permit. Then please remove carbon popers. Pay cremation, or removal, and in ony event, within 72 hours Zo BIRTHPLACE (State or foreign 7h. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED country) the ottending physician and completely filled in sit permit. Then please remove carbon papers. WIDOWED DIVORCED [Caroll USA ID. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) give street address). INDUSTRY Jestniaster 13a USUAL RESIDENCE (Where deceased fixed, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES [NO V 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Lost Harry Clifton Williams Alvet 16b. SOCIAL SECURITY NO 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) Finkshurg 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) PRTERIO SCLEROTIC buriol-tronsit rise to immediate cause (a). DUE TO OR AS A CONSPOLIENCE OF stating the underlying couse burio. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) os the prior to t Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO ⋤ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify med cal exominer) director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 1/5, 1968, to 19, that (I) (we) lost saw the deceased alive on 1/5 1968, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 226 SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. PHYSICIAN'S 22a, ADDRESS NAME (Type) rioccio

REMOVAL (Specify) TOTT REGISTRAR S SIGNATURE **ADDRESS** DATE

NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town)

(Stote)

(County)

23b DATE

23d BURIAL CREMATION,

30M REV



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages and the state Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs alt

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	10121				CERTIF	CATE OF	DEATH					UU	741	L
	FCE ASED-NAME	First		Middle		Lost		2o. DATE	OF DEATH				2b.	HOUR E
()	ype or print)	Solomor	1	N.	เก๋	lliams			Month	Dgy 5	Y	68 68		Tio w
3. SE			4. RACE			S. DATE OF E	IRTH		6. AGE (In year	ors	IF JNDER	1 YEAR	IF UNDER	
	Male		Negr			12	/25/09		lost birthdoy 58	YRS.	MONTHS .	DAYS	HOURS	min.
70.	BIRTHPLACE (State or f	oreign 7	b. CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D- NEVER MA	RRIED 🔲	9. COUNTY	OF DEATH					
	<u>Marvlan</u>	d	U.S.A.		WIDOWE	D DIVO	RCED 🔲		arroll					Md
10. (ITY OR TOWN OF DEAT	TH		(E OF HOSPITAL OR IN: eet oddress)	I) MOITUTITE	f not in hospital	12o USU	IAL OCCUPATION	ON (Kind of working life, even if ret	done	12b. I		BUSINESS	OR
_	Sykesvill	.e	Sp	ringfield	Sta	te Hosp		mard			INDO	JINI		
i 30. odm	USUAL RESIDENCE (WI	here deceosed	lived, if institution 13b. COUNTY Wa	n Residence before	No f	OR TOWN	13d INSIDE CITY YES N	.IM TS7 13e.	STREET AND NUME unknow					
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14.		cksbur	CODCES	Williams 66 SOCIAL SECURITY	3	INFORMANT	Margai	ret	4.11			Your	ıg	
100.	WAS DECEASED EVER (es, no, or unknown)	IN U.S. AKMEL	or dates of service)					**		ress				
_				<u>246-03-56</u>		Ho:	spital	Hecor	ds			APPROXIA	AATE INTERI	VAI
	18. CAUSE OF DEATH PART I. DEATH Y										В		NSET AND D	EATH
	5 8 4	IMMEDIATE	CAUSE (o)	Uremia	<u> </u>							day	78	
	Conditions, if ony, w	hich gove)	DUE TO, OR AS	A CONSEQUENCE OF	a Cl	o Francous	was bush	44.				tree on tel	+ -	
	rise to immediate c	ause (o), ((b)	A CONSEQUENCE OF	IG GTG	merulo.	-nepm1	r cts			-	THOT	iths	
	stoting the underlying lost.		(c)	A CONSEQUENCE OF										
	PART 2. OTHER SIGNI		7.7.	NG TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION GI	VEN IN PART 1(0)					
-				trauma, g						ohra	150			
ATIO	190. DATE OF OPERATION			H OPERATION WAS PE		20a. AUT		20b	IF YES, WERE FIND	DINGS CO	ONSIDERE	D IN CE	RTIFYING	Ĝ
TIFIC						YES [] NO 🔀	CAU	SES OF DEATH?					
MEDICAL CERTIFICATION	21o. ACCIDENT WAS		,			HOW INJURY OF	CURRED (Ent	er noture of m	njury in Port 1 or (Port 2, 1	tem 18.)			
DICA	or contributing []	licol exominei	r) P.M.	Month Doy Yeor	9									
W.	21d INJURY OCCURR	ED 21e. Pl	ACE OF INJURY	IT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY,) 21f.	LOCATION Stre	et or R F.D. No	o. C	ily or Town		County	i	5	tote
	While Not while at work				i i									
	22a I certify th saw the de couses state	at ² (A) (this	haspital) atten	ded the deceas	ed from-	7/27	, 19	<u>63</u> , to_	1/5	_, 19_	68	, that	(A) (M	e) last
	saw the de	ceased aliv ed ahaveX	e on <u> </u>	lid nat) view the	hadv ofte	ina mar in (a er death	shit (onu) ob	inian deat	n accurrea on 1	rne da	re and	naur d	and fro	m the
	22b. SIGNATURE				budy unit					22∈ [DATE SIG	NED		
			uha 03	grey.	DE	GREE PHYS.	NG 🔲	MED. DIRECTOR	STAFF RHYS	3	18/	68		
	22d. PHYSICIAN'S	C 1		- 5		22e. AD								
	NAME (Type)	Suha	Ozgun, M				bringf	rield S	State Ho:	spit	al,	Syk	esv	. Md
230	BURIAL CREMATION, REMOVAL (Specify)	23b. DA	TE OU IO	23c. NAME OF		A 1	8.11		TION (City or Town		(Count	y)	(Stote)
- (A	Ru	. 24 -68	1 44 4 4 4		Md.	of M!	754	Timore	5	120	()		
	FUNERAL DIRECTOR		001	ADDRESS		2-6-1-	2So. REC'D	BY REGISTRAR	2Sb REGI	STRAR'S	SIGNATU	RE	. 1 . 4	
11.	1117011117	11. 00	- V 7/	. 1. lds	11-66	40411	J DATE OF	117 W U	1200 %	-	-7-C.A	J 40	CO-SI	-



DIVISION OF VITAL RECORDS, 301 W CERTII

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					PIZZI	I CALL OF	PEATH					., .,	7.70	
	ECEASED NAME	First		Middle		Lost		20. 1	DATE OF I	DEATH	_	.,	2b.	HOUR
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3. SI	X		4. RACE			5. DATE OF E	BIRTH		-	6. AGE (In years		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER	24 HRS.
	female			ite		03/0	4/06			lost birthdoy)	RS.	MAINS DAIS	HOURS	PILIP
	BIRTHPLACE (Stote		b CITIZEN OF WI	HAT COUNTRY?	B. MARR	ED 🔼 NEVER MA	RRIED	9 COU	INTY OF	DEATH				
LOU	Maryl:	and	USA		WIDOW	VED DIVO	RCED 🔲	C	arro	11				Md
	CITY OR TOWN OF			AME OF HOSPITAL OR INST	TITUTION	(If not in hospital				(Kind of work do		125. KIND OF	BUSINES	5 OR
Rı	ıralSyl	kesville	Sp	street oddress) ringfield	Stat	e Hospit	al	nost of v Wa.	itre:	ife, even if retire SS	a.j	IMDUSTRI —		
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14	father's name	First	Middle	Lost		IS. MOTHER'S N				Mrddle			Lost	
		S.	Joseph				Flor	cence	9	-	}	[cDona	Ld	
160	. WAS DECEASED ET	/ER IN U.S. ARME	D FORCES? or dotes of service)	16b. SOCIAL SECURITY N		17. INFORMANT				Addres				
	TIO TOWN			217-07-37	55	Springfi	eld Ho	spi	tal	records,	Sy	kesvi.	lle,	Md.
				ne for (o), (b), ond (c).)								BETWEEN C	MATE INTER	
	PART I. DEA	TH WAS CAUSED IMMEDIATI	BY: CAUSE (o)	Septicemi	a							da	ys	
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	rise to immedia stoting the und		DUE TO, OR A	AS A CONSEQUENCE OF										
	bst. 690	X)	(c)											
				TING TO DEATH BUT NO										
8				e with pres				ise i						
CERTIFICATION	190 DATE OF OPE	RATION 19b. CO	INDITION FOR WH	ICH OPERATION WAS PER	FORMED	20o. AUT				YES, WERE FINDING OF DEATH?	GS CON	ISIDERED IN C	ERTIFYIN	G
RTIFI						YES [_						
	210. ACCIDENT V	VAS UNDERLYING CAUSE OF DEATH	216 TIME OF HOUR A.M.	FINJURY Month Day Year	210	c. HOW INJURY O	CURRED (Ent	er noture	of injury	y in Port 1 or Port	2, ite	m 18.)		
MEDICAL	(If either, notify	medical examine	r) P.M.	19										
\$	21d. INJURY OCC	URRED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.	ORY) 21	f. LOCATION Stre	et or R.F.D. N	0.	City	or Town		County	5	Stote
	While Not wat work of w							,						
	22a. I certify	thot 🗱 (this	hospitol) otto	ended the decease	d from	9/3	10/_, 19_	67.	to	1/29/_,	19_6	8_, that	(W	re) last
	sow the	deceased all		(dickpot) view the	ody afi	ana mor in pi Ter death.	ng) (our) of	oinion (aeotn o	ccurrea an the	aare	e ona nour	ana iro	ım ine
	22b SIGNATURE	TAIRE OSOTO,	(No) (ala)	(Dunings view inc s	/	1-0-					22c. DA	ITE SIGNED		
	1260)	Dra-	Ancis	Liter	- de	ATTEND PHYS		MED. DIRECTOR	R 🗆	STAFF PHYS. 🚾	1/	29/68		
	22d PHYSICIAN'S		1.00	1-0000	ur i	22e. AD				ield St			tal	
	NAME (Type	Nac	i N. Bu	yukunsal, l	M. D.					lle, Ma				
230	BURIAL, CREMATI	DN, 23b. D/	TE	23c. NAME OF C	EMETERY	OR CREMATORY				N (City or Town)		(County)	(Stote	B)
	REMOVAL (Specific	A i	2-1968	Mt. Oli	.vet	Cemeter	У		Fre	derick-	Md	. 2170	1	
24.	FUNERAL DIRECTO			ADDRESS	Mh	Imore	2So. REC'D			2Sb. REGISTR				
	M.R.EUC	nison &	Son	Frederick	ي الله الله	d • ST (OT	DATE FE	B	2 13	948	co	reed yo	unga	40

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban appers should be filed with the State Dept. of Health prior to burial, cremotion, ar removol, and in any event, within 724. VR A15 (4) 30M REV, 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retoined by the hospitol or attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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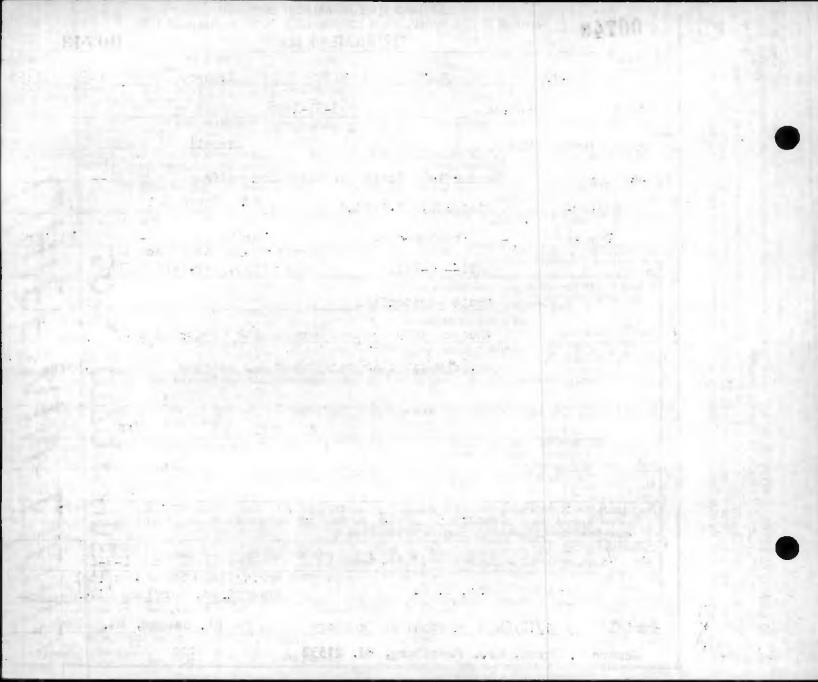
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	pho .		16.14			1.			1
(Type or print)	First		Middle		Lost		DATE OF DEATH Month Day	Year.	2b. HOUR
	EDNA		PEARL		WITT	J	anuary 9	1968	12:50
. SEX		4. RACE		S.	DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS.
Female		White			3-31-1896		71 YRS.	MONING DATE	min,
 BIRTHPLACE (State o auntry) 	foreign 71	. CITIZEN OF WI	HAT COUNTRY? 8. MA	ARRIED X	NEVER MARRIED	9, COU	NTY OF DEATH		
Pennsvly	ania	USA		OWED _		Ca	rroll		Me
, CITY OR TOWN OF DI		11. N	AME OF HOSPITAL OR INSTITUTI	ON (If not		UAL OCCU	IPATION (Kind of work done		BUSINESS OR
Steleo ovei 11 e		give	street oddress)	Fa H.	during n	most of v	vorking life, even if retired.)	INDUSTRY	
30. USUAL RESIDENCE (Vhere deceased	lived, if institut	ringfield Sta	CITY OR TO	OWN 13d, INSIDE CITY		13e. STREET AND NUMBER		
dmission) STATE Mary]	and	13b. COUNTY	legany Mt.S		VEC T A	NO TO	Route # 1		
4. FATHER'S NAME	First	Middle	Lost		MOTHER'S MAIDEN NAME	First	Middle		Losi
	mas	***	Frankenberr			arth		M	iller
6g. WAS DECEASED EVE			16b. SOCIAL SECURITY NO.				State Hounita		TITEL
Yes, no, or unknown)	(If yes give wor o		215-10-1211	17. 11.			Maryland 2178		
No					DAKESAT	TTG	Marain Cric		MATE INTERVAL
			ne for (a), (b), and (c).)						INSET AND GEATH
for your or	IMMEDIATE	CAUSE (a) A	cute peritoni	tis				Day	
233	2		AS A CONSEQUENCE OF					Day	s or
Canditions, if ony, rise to immediate		(b) <u>Ir</u>	carcerated v	entr	a⊥ hernia w	nth	perforation of	Wee	k
stating the under		DUE TO, OR A	AS A CONSEQUENCE OF CO	Cum					
last.)	(c) A]	reriosclerot	ic_c	ardiovascul	ar d	isease	Yea	rs
PART 2. OTHER SIG	NIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(0)		
= 5613									
190. DATE OF OPERA	TION 196. CO	NDITION FOR WH	ICH OPERATION WAS PERFORM	IED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CO	INSIDERED IN C	ERTIFYING
190. DATE OF OPERA					YES X NO		CAUSES OF DEATH? Yes		
		216. TIME O		21c. HOW	INJURY OCCURRED (Ent	ter noture	of injury in Part 1 or Part 2, It	tem 18.)	
OR CONTRIBUTING ((If either, notify m		HOUR A.M.	Month Doy Year						
	RED 21e. PL		AT HOME, FARM, STREET, FACTORY,	21f. LOCA	TION Street or R.F.D. N	la.	City or Tawn	County	State
While Not whi	e 🗀		OFFICE BUILDING, ETC.				,	,	
220 L certify	hat (NT (this	hasnital) att	anded the dereased fro	m De	cember 2119	66	toJanuary 9 19	68 that	M (wa) loc
saw the c	eceased aliv	e on Jani	lary 9 1968	_, and !	hot in (MIX) (our) or	pinion o	to January 9, 19 leoth occurred on the dot	e ond hour	and from the
couses ste	ited above, (l) (we) (did)	(did not) view the body	after de	ath.				
22b. SIGNATUJE	2		010	,	ATTENDING	MED.	TARE -	ATE SIGNED	
Dr. OC	ntu	min.	o lyth	DEGREIL	-PHYS.	DIRECTOR	PHYS. LX	-9-68	
22d. PHYSICIAN'S			/1				ield State Hos		
NAME (Type)	Antoni	us Gla	nn, M. D.		Syk	esvi	lle, Maryland	21781	
23a. BURIAL, CREMATION	, 23b. DA	TE	23c. NAME OF CEMET	ERY OR CR			LOCATION (City or Town)	(County)	(Stote)
BUNG 1 (Specify)	1/	12/68	Methodist	Ceme	terv		Mt. Savage, M	d.	
24. FUNERAL DIRECTOR		•	ADDRESS		2So. REC'D		STRAR 25b. REGISTRAR'S	SIGNATURE	
Joseph	R. Dur	st, Sr.	, Frostburg,	Md.	21532 DATE J	AN I	5 1968 Pelio	zuley Ja	udge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral.

director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

30M REV. 7/68



MARYLAND STATE DEPARTMENT OF HEALTH 00744 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00744 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH death (Type or print) Month Frank McClellan Zent oon papers. Pages 1 within 72 haurs after 4. RACE S. DATE OF BIRTH after 3. SEX 6. AGE (In years lost birthdoy) Male White August 24. YRS. law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED the attending physician and campletely filled in sit permit. Then please remove carbon papers. Maryland U.S.A. WIDOWED DIVORCED T Carroll 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done Co. Gen. Hospita during most of working life, even if retired.) give street address) Westminster Probate Investigator event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE YES 3 NO 🗌 Tanevtown and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle William F. Zent Margaret 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) crematian, ar remaval, 496-36-0583 Mrs. F. A. Grimmett. 3660 Genmere 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) HRTERID SCLEROTI burial-transit rise to immediate couse (o). à DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or attending as the prior tal O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO | of far use af Health YES 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY ed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town OFFICE BUILDING ETC

be filed

directar,

30M REV. NO

IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS 12b. KIND OF BUSINESS OR INDUSTRY Last Neadv Ohio Youngstown BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County State While Nat while at work 1968 19 68 , that (I) (we) lost 22a. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an__ _1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body after death. 22b STGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 27d. PHYSICIAN'S 22e ADDRESS NAME (Type) Vihrent J. Fiocco. Westminster. Maryland Jr. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Cremation Toudon Park Cemetery 3801 Frederick Ave 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 1968 C.O.Fuss Taneytown, Md.

2b. HOUR

